

BABY YOUR BABY PROVIDER'S MANUAL

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INTRODUCTION

Welcome to the Baby Your Baby Program! If you are new to the program, I hope you will find this manual helpful as you orient to the program. If you have been working with the program for many years, please take some time to look over this manual, as there are changes from time to time.

Baby Your Baby is actually a 2-pronged program. One portion of it is housed in the Bureau of Health Promotion at the Utah Department of Health. This area is tasked with providing outreach to the public regarding the importance of early, continuous, quality prenatal care. You have probably seen or heard ads for the program on KUTV, radio stations, in various print media or even on billboards. This portion of the program houses the Baby Your Baby Hotline (1-800-826-9662), hosts the Baby Your Baby Website (www.babyyourbaby.org) and distributes various print materials including the Baby Your Baby Health Keepsake.

Baby Your Baby is also the more user-friendly name of the Presumptive Eligibility Program for Prenatal Medicaid. This portion of the program assists women needing financial assistance for prenatal care to be pre-screened for Prenatal Medicaid through use of a 2-page application. This screening process is done by numerous agencies around the state known as qualified providers (QPs) of presumptive eligibility (PE) – Baby Your Baby Offices. The Utah Department of Health, Division of Family Health and Preparedness have certified these agencies via a memorandum of agreement (MOA) to provide onsite PE. However, clients may also be screened by telephone in Salt Lake County and by many local health departments in the state. Women may also submit an application to many Baby Your Baby offices via an online application

system at www.utahclicks.org. Check the website for Baby Your Baby Offices currently accepting online applications.

This manual has been developed in an attempt to provide some guidance for new Prenatal Program personnel. It is to serve as a basic guide to policies and procedures governing the program and for completion of program forms and applications. Links to directories for the Department of Workforce Services Offices, WIC offices and helpful Medicaid contacts are included. Obviously, these lists can outdate quickly and policies and forms do change from time to time. Therefore, you will receive notice of updates to this manual from time to time. Please check the Utah Department of Health's Maternal and Infant Health Program website for updates. It can be found at: www.health.utah.gov/mihp. If you need additional information or if you have suggestions for improving this manual, please let me know.

Thank you for your work on behalf of the program's clients and best of luck!

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Revised: 11/04/10

OVERVIEWS FOR THE BABY YOUR BABY PROGRAM

The Presumptive Eligibility Program – Baby Your Baby An Overview

The Presumptive Eligibility Program was introduced as a part of the State's Perinatal Program in 1987. This program permits early entry into quality, continuous prenatal care through provision of a "bridge" into the Medicaid Program. Its initiation was made possible through changes in the federal Medicaid Program and the successful passage of the State Perinatal Initiative allocating 1.7 million dollars of cigarette tax monies annually for perinatal care in Utah. As a result of these changes and the additional funding, women at or below 133% of the federal poverty level may qualify for prenatal medical coverage and receive other enhanced Medicaid services: perinatal care coordination (case management), pre/postnatal home visits, pre/postnatal psychosocial counseling, individual nutritional counseling for women at high nutritional risk and pre/postnatal group education.

To promote the program and educate Utah residents regarding the importance of early prenatal care and well childcare, a public outreach program known as Baby Your Baby was initiated.

This program includes a hotline, public service announcements, and publication and distribution of perinatal literature including a health keepsake. This booklet, given free to all pregnant Utah women or to families with children age five and younger, helps educate them regarding the importance of regular and continuous prenatal and well child care and helps them to participate in the care.

Entry into the Presumptive Eligibility (PE) Program is facilitated by 27 Qualified Providers at approximately 58 sites throughout the state. Participation as a Qualified Provider (QP) in the program is restricted by federal mandate to sites receiving the following federal monies or participation in various federal programs as noted:

- Title V Maternal Child Health Block Grant Funds, or
- Community Health Center Funds (330), or
- Migrant Health Center Funds (329), or
- Stewart McKinney Homeless Act Funds (340), or
- Special Food Program for Women, Infants & Children (WIC), or
- Supplemental Food Program (Food Stamps), or
- Title V of the Indian Health Care Improvement Act, or
- Designation as an Indian Health Service site, or
- Designation as a health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act (PL93-638), or
- Designation as an agency participating in a statewide perinatal program

Additionally, the agency must be eligible for payment under the State Medicaid Plan and be determined by the State agency to be capable of making the determinations necessary for issuance of Presumptive Eligibility. Such sites are issued a Memorandum of Agreement (MOA) between their facility and the Utah Department of Health, Division of Family Health and Preparedness. This document, while not providing direct financial support, permits the QP to receive Medicaid reimbursement for specific outpatient perinatal services. Application must be made to Medicaid as QP for both the site and appropriate personnel seeking Medicaid reimbursement for some services rendered under the PE Program.

Women generally access the system through referral to a QP site by their health care provider or via the Baby Your Baby Hotline. At the QP site, the woman is screened by appropriately trained clerical staff for program eligibility through the use of a two page form that screens for citizenship, intent to reside in Utah, gross family /household income for family size (the fetus is included as a family member), and confirmation of pregnancy. No documentation of the above is required except verification of pregnancy. Application for the program may also be made online at: www.utahclicks.org. After an applicant electronically submits her online application, she calls the site to schedule an appointment to complete the process either in person or via phone.

PE eligible women are issued a temporary Medicaid card, known as a Baby Your Baby or Pink Card, that is valid until the last day of the month following the month of eligibility determination or until Medicaid eligibility is determined, whichever occurs first. If denied PE, a woman may reapply any time her income or other reason for denial changes. A woman may have only one

period of presumptive eligibility during her pregnancy. The Baby Your Baby Card is valid only for Medicaid eligible, outpatient pregnancy-related services provided by any willing, Utah Medicaid provider. During the time the Baby Your Baby Card is valid, the woman makes formal Medicaid application at her local Department of Workforce Services Office (DWS). The period of presumptive eligibility may not be extended unless the DWS application coordinator, intake worker or caseworker determines it is necessary to permit processing of the formal Medicaid application. While awaiting a determination of her Medicaid status, the client may receive outpatient prenatal care using her Baby Your Baby Card.

A specifically trained registered nurse, social worker, licensed practical nurse, health educator, or other trained personnel may be available at the QP site to act as a perinatal care coordinator (PCC) or case manager to assist clients throughout the application process and to assure that clients access perinatal services. (For more information regarding the qualifications for perinatal care coordinators, contact Medicaid Provider Enrollment at 801-538-6155). Provision of other enhanced services noted at the close of the first paragraph on page 3 is optional.

With appropriate documentation, portions of the PCC's service are Medicaid reimbursable. Reimbursement for services rendered during the period of presumptive eligibility is via the Utah Department of Health, Division of Medicaid and Health Financing at current Medicaid reimbursement rates utilizing the HCFA 1500. Even if the client is determined by DWS to be ineligible for Medicaid, claims for eligible services made using the Baby Your Baby Care prior to denial will be paid. Documentation of services and reimbursement rates, codes, etc. is established by Medicaid and Health Financing.

Women ineligible for PE and Medicaid due to undocumented status are encouraged to apply for Medicaid Emergency Services Program during the month preceding delivery. This program will reimburse only for hospital delivery expenses and physician/Certified Nurse Midwife services rendered at the time of delivery. No outpatient pre or postnatal services are reimbursed under the Emergency Services Program.

At the DWS, a review of the client's formal Medicaid application is made. An asset test is utilized by DWS in determining Medicaid eligibility. If the client is determined by DWS to be eligible for Medicaid, the client specifies a primary care provider, or if she resides along the Wasatch Front, a Medicaid contracted Health Program, and a permanent Medicaid card is issued. If the client's Medicaid application was for prenatal medical services only, once determined eligible, her coverage is continuous, regardless of income, until the last day of the month in which 60 days following termination of the pregnancy occurs. The infant is also Medicaid eligible for the first year of life if the baby's mother maintains custody of the child and continues to live in Utah. However, the mother will need to make application on her child's behalf following delivery. As with presumptive eligibility, clients denied Medicaid may reapply if their circumstances change. Different requirements may apply to women participating in the TANF (Temporary Assistance for Needy Families) and/or Food Stamp Program.

Sites utilizing Title V Funds are required to report data on their PE clients to the Utah Department of Health, Division Family Health and Preparedness. Consultation is available upon request from the Maternal and Infant Health Program's nurse consultant. Agencies interested in

applying as Qualified Providers in the PE Program are encouraged to contact the nurse consultant at the following address:

Maternal and Infant Health Program Nurse Consultant
Utah Department of Health /DFHP/MIHP
P. O. Box 142001
Salt Lake City, Utah 84114-2001
Phone: 801-538-9946
Fax: 801-538-9409
e-mail: dcarapezza@utah.gov

Updated 04/11-DAC

Baby Your Baby and the Enhanced Perinatal Services

Baby Your Baby (BYB) is a program of the Utah Department of Health (DOH). Initiated in the late 1980s as the result of legislative mandates at both state and federal levels, Baby Your Baby is a statewide outreach program – including a hotline – that promotes early entry into quality prenatal care. The name Baby Your Baby has also come to be applied to the DOH's Presumptive Eligibility (PE) program that acts as a bridge into the Medicaid Program for expectant women and includes a package of prenatal specific services known as the enhanced perinatal services.

Any woman needing prenatal services, but lacking the financial means to obtain them, can call the Baby Your Baby Hotline at 1-800-826-9662. She is then referred to the Baby Your Baby (BYB) site closest to her residence, generally the local public health department or community health center. The client calls this site for an appointment to be screened for the PE Program. Application for the program can also be made online at: www.utahclicks.org. The client submits her application electronically and then calls the selected site for an appointment to complete the process either by phone or in person. Eligibility is based upon her family size (including the unborn baby) and household income with the financial threshold being 133% of the federal poverty guidelines. The only documentation required at the time of application is verification of the pregnancy. This can be done by means of a urine pregnancy test at some sites or the woman can bring written verification of her pregnancy from her health care provider if she so desires. All pregnancy tests must be preformed by a CLIA certified or CLIA waived lab and results should be documented on the labs official letterhead or physician's Rx pad. Undocumented women applying for the program are not reported to United States Citizenship and Immigration Services (USCIS), however, to be eligible for Baby Your Baby, the woman must be U.S. citizen or has been lawfully admitted for permanent residence by USCIS and has had her "Green Card" for at least five years by month and year.

Once determined to be eligible for the program, the BYB site issues the client a temporary medical card, also known as a Baby Your Baby Card or Pink Card, which is valid for use by any willing Utah Medicaid provider. It covers outpatient, pregnancy related, Medicaid covered services such as routine antenatal visits, outpatient ultrasounds, NSTs, and emergency room visits for pregnancy related care. No in-patient services are covered by the card and no global fees can be billed using the Baby Your Baby Card. Pregnancy related pharmaceuticals are also

covered but the determination of what is pregnancy related is up to the discretion of each pharmacist. The Baby Your Baby Card is not to be copied and placed in the client's chart as one usually does with a regular Medicaid card. The client must present her Baby Your Baby Card each time she requests covered services.

During the time period the client has the card, she is to make a formal Medicaid application at the Department of Workforce Services (DWS). DWS that requires documentation of income, assets, citizenship, etc. The temporary card is valid until one of the following happens: expiration of the card on the last day of the month following its receipt (the date listed on the upper right hand corner of the card) or until DWS either approves or denies the client's formal Medicaid application - whichever of those events occurs first. Billing for the BYB Program is via Medicaid using HCFA 1500s or electronically. While using the Baby Your Baby Card a client's Medicaid number is her social security number. Once the client has been approved for Medicaid, her Medicaid number is used for billing.

In addition to the covered services noted above, a package of "enhanced perinatal services" is also available to women during both their presumptive eligibility periods and once they have been issued regular Medicaid cards. These services are also available to pregnant women with Medical cards who did not enter Medicaid through the BYB Program. The enhanced services are: perinatal care coordination (case management), pre and postnatal home visits, individual high-risk pre and postnatal nutritional counseling, group childbirth education, and pre and postnatal psychosocial counseling. These services are defined in Medicaid Information Bulletin, "Services for Pregnant Women" updated July 2003. Each service has specific definitions and limitations as to the number and length of visits and qualifications for personnel providing these services. Enhanced services are limited to the prenatal and postpartum periods. Medicaid defines the postpartum period as ending the last day of the month in which 60 days following delivery occurs.

Upon enrollment in BYB, some clients are assigned a perinatal care coordinator - an R.N., social worker, L.P.N., or health educator approved by Medicaid who helps the client access needed perinatal and social services and assists the client as she progresses through the Medicaid system. Services for perinatal care coordination (billing code T1017 – Perinatal Care Coordination) are billed in 15 minute units to a maximum of 4 units per 30 day billing cycle. Referral to the enhanced services is the responsibility of the perinatal care coordinator (PCC). It does not required written referrals from either the care provider or the PCC but is a verbal "touch base" with the PCC to promote coordination of the client's care. The name of the client's PCC can be found on the bottom of her BYB Card in the lower right hand corner. If the client no longer has her BYB Card, ask where she got on BYB and speak with a PCC at that site. Even if a pregnant Medicaid client did not enter the system through the BYB, access to the enhanced services can still be obtained through the PCC at your nearest BYB site. The Hotline can help you determine the site most convenient for your practice. For women enrolled in a Medicaid contracted Health Plan, contact the specific Health Plan to determine their policy for accessing the enhanced services.

Under the enhanced services, home visits (billing code H1004 – At risk, enhanced service; follow-up home visit) are designed mainly for assessment of the home and mother, for

educational purposes, emotional support, lactation support, or to encourage the woman to continue in care. These visits, when performed by eligible providers, do not require pre-authorization and, if coordinated with the PCC, may be provided by a certified home health agency. This service is limited to 6 visits during a 12-month period but may not extend beyond the postpartum period. Home visiting for rehydration therapy does require preauthorization for women on PE and should be billed under another home visiting code not covered in this section. Contact Medicaid for further information.

Nutritional counseling (billing code S9470 – Nutritional counseling, Dietitian visit [Prenatal – Postnatal]) is limited to women at high nutritional risk during their pregnancies and postpartum period. It must be performed by a Medicaid eligible, registered dietitian. It is limited to 14 units (each unit equals 30 minutes) of individual counseling during a 12-month period not to extend beyond the postpartum period.

Childbirth education (billing code S9446 – Patient education, not otherwise classified, non-physician provider, group, per session is limited to 8 classes of at least one hour in length during a 12-month period of time not to extend beyond the postpartum period. Classes can include education on pregnancy, preparation for labor and delivery, lactation, childcare, and parenting. It must be offered by individuals approved by Medicaid. Individual patient instruction does not qualify for reimbursement under this Medicaid category of service.

Psychosocial counseling (billing code H0046 – Mental Health Services [prenatal and postnatal], Not otherwise specified) during the pre and postnatal period is provided to clients with high psychological and social risks and is limited to 10 units of counseling during a 12 month period. Medicaid defines a unit of counseling as 20 to 50 minutes of therapeutic exchange between the client and therapist. It must be provided by therapists approved by Medicaid. In some areas of the state, psychosocial counseling for Medicaid clients has been contracted to county mental health programs. Check with the county mental health program in your area regarding their policy on accepting BYB Cards as reimbursement for this service.

For more information on the Presumptive Eligibility Program or the enhanced services contact either the Baby Your Baby Hotline (1-800-826-9662) or Debby Carapezza, RN, MSN, Nurse Consultant, Maternal and Infant Health Program; Utah Department of Health/DFHP/MIHP, PO Box 142001, Salt Lake City, UT. 84114-2001 or call at 801-538-9946; Fax at 801-538-9409; or e-mail: dcarapezza@utah.gov.

Updated 04/11

LINE BY LINE INSTRUCTIONS FOR COMPLETING BABY YOUR BABY / PRESUMPTIVE ELIGIBILITY APPLICATIONS

For March 2011 Applications

Those items with an asterisk denote changes from the previous applications.

General Instructions:

1. Before completing the Baby Your Baby / Presumptive Eligibility Application (BYB application), be sure it is the current application. The revision date is on the bottom of the back of the form. The current form was revised March 2011. Use of older forms may result in erroneous denial of women as being over the income limits since the monthly maximum income standards are usually increased yearly when the federal poverty guidelines are changed.
2. If you are completing the form by hand, use a medium point black pen as this produces a better copy should the form need to be faxed.
3. Bear down; you are making 2 copies in addition to the original.
4. **PRINT** LEGIBLY! If Medicaid workers are unable to read BYB application and enter incorrect information into the computer, future claims for reimbursement may be denied since what was entered may not match what the provider reads on the applicant's Baby Your Baby Card (Pink Card).
5. If you make a mistake, either white out the error and neatly print over it or draw a single line through the error and print the correction neatly above it.
6. NEVER give the form to the applicant to complete as her handwriting may be illegible and she may answer questions inappropriately.

Line-By-Line Instructions:

Applicant's Name: Print the last name, first name and middle initial of the applicant.

This name is the full, legal name of the applicant on the day she is making her application. A woman can use a hyphenated last name. The name entered on the BYB application must be the name the applicant will use throughout her pregnancy at all agencies involved in her care: Medicaid, Department of Workforce Services (DWS), private provider's office, hospital, pharmacy, etc. Use of another name may result in denial of Medicaid claims since the name from the BYB application is the only one entered into the Medicaid computer. Therefore, other names or variations of that name will not be recognized and claims not exactly matching that in the computer will be denied. If the client has previously been on Medicaid under another name, place her current legal name on the BYB application. However, since the Medicaid computer will have her former name attached to her social security number, the Medicaid workers at the Utah Department of Health will not be able to enter her into their computer. The client will need to *immediately* contact the DWS application coordinator / caseworker to change her name in the Medicaid computer to match her current legal name. This change cannot be made by the Medicaid workers at the Utah Department of Health who input the BYB application into computer.

Eligible From: This is the date the application is completed and all program requirements are met. BYB applications cannot be backdated. If an applicant has already incurred expenses related to her pregnancy prior to her date of application for BYB, she may apply for retroactive Medicaid payment for up to 90 days at the time she makes her formal Medicaid application. For prior prenatal expenses to be paid by Medicaid, the applicant must meet all Medicaid requirements for the months for which she is requesting assistance.

Eligible Thru: This is the last date the card is valid if the applicant fails to file a Medicaid application. A pregnant woman may only receive BYB from the start date of her BYB application through the last day of the next month. For example: If a woman applies for BYB on March 18th, the last day her BYB Card (Pink Card) will be valid is April 30th. The applicant's BYB eligibility will always expire on the last day of the following month regardless of whether she made her BYB application on the first day of the previous month or the last. The applicant's period of eligibility is, therefore, a variable period of time based on when in the month the woman is determined to be eligible for the program. The Baby Your Baby worker cannot extend the expiration date. In certain instances the applicant's Department of Workforce Services' caseworker can extend a BYB card. See instructions under "After You Have Made A Medicaid Application", #2 for instructions on extension of BYB cards. While the date the Baby Your Baby worker places on the card is always the last day of the month following the month of application, the applicant's card is only valid until that date OR until the Department of Workforce Services makes a final determination on the her Medicaid application – whichever of those events occurs first.

SSN or Program Number: Enter the applicant's social security number (SSN). It is the number that providers seeking reimbursement for BYB services place on the HCFA 1500 for the applicant's ID number. Applications cannot be entered into the Medicaid system and therefore claims for the applicant cannot be paid without a 9-digit number. If an applicant has a SSN but cannot remember it, the BYB worker cannot issue the woman a BYB/Pink Card. The applicant will need to return to complete her application at a later date when she has obtained her number or call the information into the BYB worker. The BYB worker cannot ask to see the woman's SSN card. The worker simply needs the correct SSN for the applicant. However, if an applicant has never had a social security number, a program number ("dummy number") may be issued for her. A social security number is not required when obtaining a permanent residence card/green card. Therefore, an individual may be a qualified alien – lawfully admitted to this country - and have a "Green Card" but not have a social security card. Please do not use a tax ID number, the applicant's child or spouse's social security number. A series of unique program numbers has been issued to each BYB site for this purpose. The applicant to whom a program number is issued must be made aware that the program number is **NOT** real social security number and **SHOULD ONLY BE USED WITHIN THE BABY YOUR BABY PROGRAM. IT CANNOT BE UTILIZED FOR ANY OTHER PURPOSE. TO DO SO CONSTITUTES FRAUD.** The program numbers for your site should be in a folder or notebook at your agency. If you issue a program number, *immediately* record the number issued, the date and name of the applicant to whom it was issued. Failure to promptly record this information may result in one number being issued to 2 applicants. This results in denial of claims and a great deal of work to resolve billing issues. If you cannot locate your series of program numbers, please call the nurse consultant for the Maternal and Infant Health Program at the Utah Department of Health.

Date of Birth: Enter the date using 2 digits, i.e., January 1, 1984 would be 01-01-84.

Mailing Address: Enter the applicant's street address or post office box. If applicable, note the apartment number. If the applicant provides a post office box for her mailing address, please be sure she truly does reside in Utah. For example, some Wendover, Nevada residents have Utah post office boxes. Therefore, if such an individual were applying for Baby Your Baby, her mailing address would be in Utah but her physical residence would be in Nevada thereby making her ineligible for the program.

City, State, and Zip Code: Self-explanatory.

Work Phone #: Please indicate, if possible, where the applicant can be reached during normal working hours (7:00 AM to 6:00 PM) Monday through Thursday.

- 1a. **Are you a U.S. Citizen?** If the applicant's response is "YES", continue on to #2. No written proof of this claim is required. If the applicant responds, "NO", go to 1b.
- 1b. **If you are not a U.S. citizen, are you a qualified alien – have you been lawfully admitted for permanent residence by the U.S. Citizenship and Immigration Service – meaning, do you have a green card?** If the applicant responds that she does not have a "Green Card," it is an automatic denial for Baby Your Baby - the woman does not qualify for the program by federal regulation. There is no need to complete the remainder of the application, however, keep a copy of the application on file for verification of screening and reason for the applicant's denial. The applicant must receive a written explanation of the reason for her denial. On the back of the application under "IF YOU WERE DENIED BABY YOUR BABY", place an "X" on the line by #1 and enter that number on line "D" on the front of the application. Be sure to give the yellow copy with letter "D" completed to the applicant for her records. Encourage the applicant to still make an appointment with her local Department of Workforce Services to review her case in greater detail. Remember that Baby Your Baby is only a quick screening for Medicaid. Women denied Baby Your Baby might still qualify for Medicaid or other assistance programs. Do **not** issue the applicant a Baby Your Baby Card (Pink Card).
If the applicant responds "YES," – she does have a permanent residence card (also known as a "Green Card"), continue on with the screening by reading 1c.
- 1c. **If 1b was "YES," in what month and year did you get your green card?** Enter the month and year in the blank provided in which the applicant was issued her green card. If she cannot remember the date, you cannot complete the application and the woman may have to return at a later time (or call) when she can provide the information. The BYB worker cannot request that the woman bring her green card to the appointment or show it to her. To be eligible for BYB, the applicant must have had her green card for at least five full years by month and year. For example: If in April 2011, Maria tells you that she received her green card May of 2006 she is not eligible for BYB since she will not have had her green card for a full five years until May of 2011. If the applicant has not had her green card for five years by month and year, then the answer to this question is "NO". **"NO", is an automatic denial** - the woman does not qualify for Baby Your Baby by federal regulation. There is no need to complete the remainder of the

application, however, keep a copy of the application on file for verification of screening and reason for the applicant's denial. The applicant must receive a written explanation of the reason for her denial. On the back of the application under "IF YOU WERE DENIED BABY YOUR BABY", place an "X" on the line by #2 and enter that number on the line letter "D" on the front of the application. Be sure to give the yellow copy with letter "D" completed to the applicant for her records. Encourage the applicant to still make an appointment with her local Department of Workforce Services to review her case in greater detail. Remember that Baby Your Baby is only a quick screening for Medicaid. Women denied Baby Your Baby might still qualify for Medicaid or other assistance programs. Do **not** issue the applicant a Baby Your Baby Card (Pink Card).

2. **Do you live in Utah and intend to continue living in Utah?** Baby Your Baby is a statewide program for women residing in Utah. No proof of residency is required. However, if the applicant has a permanent residence in another state, she will need to make application for Medicaid in her state of residence. If the applicant is only in Utah for the purpose of giving birth and adopting out her baby while maintaining her residence in another state, she is not eligible for Baby Your Baby. Applicants uncertain of residency - no residence in another state, unsure if she will remain in the state but is living here now, etc. – should be considered as Utah residents as should a woman who has been residing in Utah for an extended period of time but knows following delivery, she will be moving to another state. If the applicant responds, "NO", she is not eligible for Baby Your Baby. Note at line "D" the reason for denial from the back of the application (#3 under "IF YOU WERE DENIED BABY YOUR BABY"). Do **not** issue the woman a Baby Your Baby Card (Pink Card). If you are unsure of the applicant's residency status, error on the side of placing her on Baby Your Baby, if she otherwise qualifies, and allow the Department of Workforce Services to make the final determination of residency.

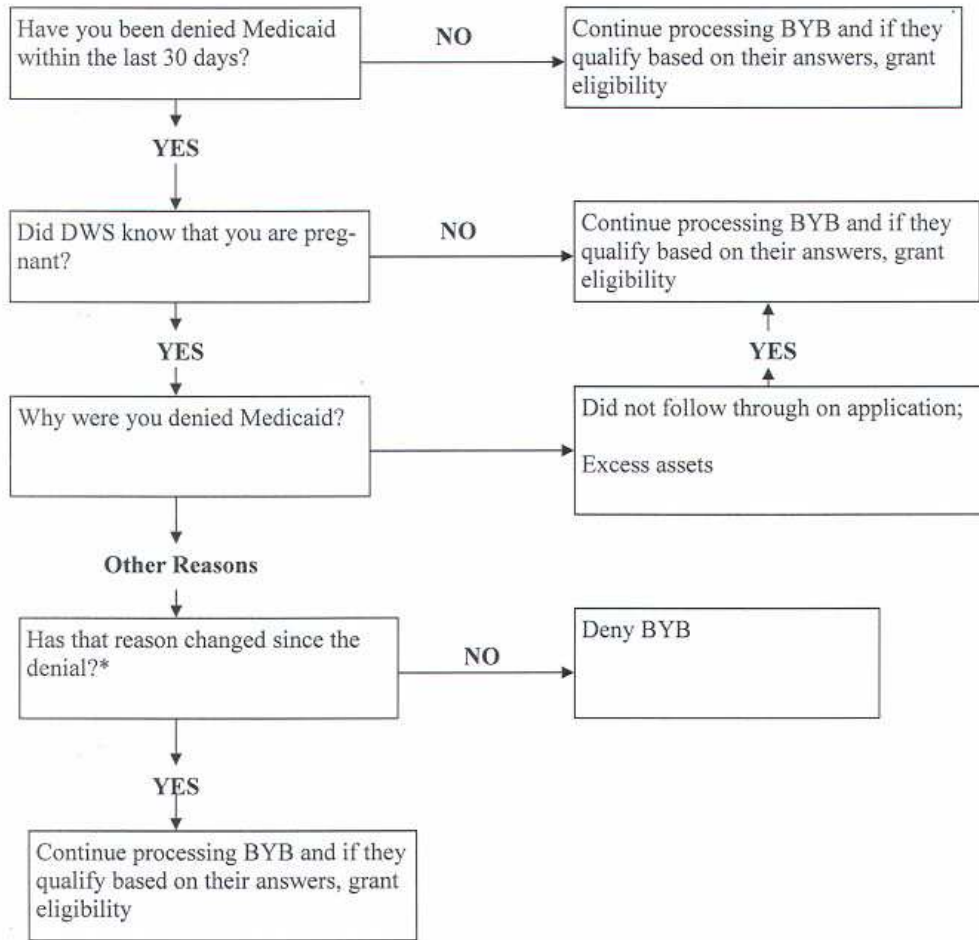
3. **Are you on UT Medicaid, CHIP (Child Health Insurance) or PCN (Primary Care Network) right now?** A "YES" response to this question is an automatic denial for Baby Your Baby. Note at line "D" the reason for denial from the back of the application (#4 if already on Medicaid or #5 if already on CHIP or PCN) under "IF YOU WERE DENIED BABY YOUR BABY"). Do **not** issue the woman a Baby Your Baby Card (Pink Card).
Women on Utah Medicaid may erroneously believe that Baby Your Baby is in addition to Medicaid rather than a bridge into Medicaid. Women already on Utah Medicaid have no need for Baby Your Baby. If the woman lives along the Wasatch Front (Utah, Salt Lake, Davis or Weber Counties), check to see what Health Plan she is enrolled in and instruct her to contact that plan regarding prenatal benefits and providers. If the woman does not wish to utilize a provider within her current health plan for her prenatal care, she can change Health Plans but must contact her Department of Workforce Services (DWS) caseworker to do so. If the woman is residing in Utah but still has an open Medicaid case in another state, she can receive Baby Your Baby. When she makes her formal Medicaid application, she will need to determine whether she wants to maintain Medicaid in the other state or receive Utah Medicaid. She cannot maintain open Medicaid cases in 2 states. However, the DWS caseworker, not her Baby Your Baby worker, will make this determination. If you are unsure of the applicant's current Medicaid status in another

state, error on the side of placing her on Baby Your Baby, if she otherwise qualifies, and allow DWS to determine her status. Also, do **not** issue a woman a Baby Your Baby Card (Pink Card) if she is on CHIP or PCN. CHIP does provide coverage for prenatal services. As a result, if a woman on CHIP is also placed on Baby Your Baby, claims for Baby Your Baby will be denied. CHIP does not cover the enhanced services: perinatal care coordination, pre/postnatal home visiting, pre/postnatal psychosocial counseling, pre/postnatal individual nutritional counseling or group childbirth education. Neither does enrollment in CHIP assure medical coverage for the first year of life for the newborn as Prenatal Medicaid does. Therefore, a woman already on CHIP, although denied Baby Your Baby, needs to be referred back to her CHIP caseworker to determine whether enrollment in Medicaid is more advantageous for her. She does not need to complete a Medicaid application as one was completed at the time of her CHIP enrollment and can merely be updated. While this is being done, the woman can receive prenatal services under the CHIP.

PCN does not cover prenatal services beyond urine pregnancy testing. However, enrollment in PCN does result in a denial for BYB. As with CHIP, have the PCN client contact her PCN caseworker to see if, now that she is pregnant, she can qualify for Prenatal Medicaid.

- 4a. **Have you been denied Medicaid within the last 30 days? If “Yes,” read 4b and 4c. If “NO,” skip to #5.** If the woman answers “Yes” to “4a” of this question, it is NOT a reason for denial. If the applicant responds “Yes,” read 4B and 4c. If she answers “No,” skip to #5.
- 4b. **Why were you denied Medicaid? Has that reason changed since the denial? Read 4c.** In the blank following this question put a very brief explanation of the denial. For example: over income, eligible for Emergency Medicaid only, excess assets, failed to follow through with Medicaid Application, etc. Continue with the second part of 4b: “Has that reason changed since the denial?” Check the box that matches applicant’s response - “YES or NO”. Depending on the reason for the Medicaid denial, the applicant may or may not be eligible for BYB. A woman is not eligible if the reason for the denial within the past 30 days has not changed. However, she may be eligible for BYB if the reason for denial has changed. For example: the household income has decreased; there is an addition of another household member such as the addition of a child due to a change in custody, etc. Read 4c.
- 4c. **Did you tell the caseworker that you are now pregnant?** Check the box with the applicant’s response. If the BYB applicant reports being denied by Medicaid but either did not disclose to the caseworker that she was pregnant or did not know she was pregnant at that time, complete her BYB intake. If the pregnancy changes the Medicaid denial status, such as the addition of the unborn increasing the family size and amount of income allowable, she may be eligible. The woman whose Medicaid caseworker did not know she was pregnant at the time of denial, may be eligible for BYB if she simply failed to follow through providing required documentation for her Medicaid ‘application or if she was denied Medicaid due to excess assets. In these cases, continue the screening process for BYB and refer the applicants to DWS to make a Medicaid Application (or to update the previous application. The flow chart below should help clarify the process.

Flow Chart for Questions #4a—4c on the Baby Your Baby Application 2011



*i.e., income has gone down or someone has moved into the household

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5. **Have you already received a Baby Your Baby Card (Pink Card) during this pregnancy?** By federal regulation, a woman is only permitted one period of presumptive eligibility per pregnancy – that is, she can only be on Baby Your Baby once per pregnancy. Therefore, the response, “Yes, I have received a Baby Your Baby Card during this pregnancy,” is an automatic denial. Note at line “D” the reason for denial from the back of the application (#7 under “IF YOU WERE DENIED BABY YOUR BABY”). Do **not** issue the woman a Baby Your Baby Card (Pink Card). Check to see if the applicant has made a Medicaid application and, if not, encourage her to do
6. **Do you have any health insurance?** If the applicant does not have any health insurance, check the NO” box and continue on to number 7. If she does have any health insurance, check the “YES” box and complete all of the information listed in number 6. Having health insurance is NOT a reason for denial of Baby Your Baby. Medicaid is the payer of last resort. If the applicant has any health insurance, it must be billed and reimbursement, if possible, or a denial of coverage obtained from that third party before Medicaid will pay. Therefore, information on insurance is included on both the Baby Your Baby Application and Baby Your Baby (Pink Card) to assist providers in billing the third party payer prior to seeking reimbursement via Medicaid. The BYB worker MUST complete all of the information indicated on the application regarding the applicant’s insurance. If the applicant is unable to provide all of the required health insurance information at the time of her BYB intake, she will need to obtain the information and return to complete the process or call the worker with the information, before eligibility can be determined and, if the applicant qualifies, a BYB Card is issued. The BYB worker cannot require that the applicant show the insurance card. The worker simply needs the information listed under number 6.
7. **How many people are in your household?** Use the chart at the bottom of back of the application to determine household size. *Only people living together are counted as household members.* For example, if a 17-year old applicant does not live with her parents, they are not counted in the household. Be sure to use the correct side of the chart to determine family size. Use the left side of the chart for applicants 18 years old or older. Note that the applicant’s legal spouse is counted. Even if the father of the baby lives in the household, he is not counted in that household **unless** he is the legal spouse. Use the right side of the chart for an applicant younger than 18 regardless of whether or not she is married. Enter the number in the household on the front of the application in the blank at #7.
8. **What is the total gross income (before deductions) that you expect to receive this month for all members of the household listed in question number 7?** The **gross** income must include the items listed in “A” through “H”: earned income, social security income, unemployment insurance, child support, self-employment, veteran’s benefits, workman’s compensation, and contributions or gifts. Remember, if the resident is not counted in the household, neither is the income generated by that person unless he/she provides money as a contribution or gift or if it is provided as child support from a non-household member, i.e., child support from the father who is not residing in the

household. When determining the income, determine the monthly income. Monthly income must be based on 4.3 weeks per month. Therefore, if an applicant provides you with a yearly figure, simply divide it by 12. If the income figure provided is for every two weeks, divide by 2 and then multiply by 4.3. If the applicant provides an hourly income figure, compute a weekly figure and multiply by 4.3. (\$7.00 per hour X 30 hours per week X 4.3 weeks = \$903 per month.) If you simply multiply by 4 you will be under counting the applicant's income, as you will only be calculating the income for 48 weeks of the year. Multiplying by 4.3 provides the total for the entire 52 weeks in the year.

Place the total the gross income for all members counted in the household in #7 including all monies from the sources listed in "A" through "H" for the month of application on the line at #8.

9. **Circle the household size and income below. Include the unborn child.**
Under the column labeled household size, circle the number entered at question #7. Also, circle the monthly maximum income permitted for the household size. If the total gross income noted in #8 is greater than the monthly maximum income circled for the household size, the applicant is NOT eligible for Baby Your Baby. If the total gross income noted in #8 is the same as or less than the monthly maximum income circled for the household size, the applicant IS eligible for Baby Your Baby and you may continue on with the screening process.
10. **Does the applicant meet the financial requirements for Baby Your Baby (Presumptive Eligibility)?** Based on the information determined in #9, indicate whether or not the applicant met the financial requirements for Baby Your Baby. If the applicant is over the allowable income level for her household size, note at line "D" the reason for denial from the back of the application (#8 under "IF YOU WERE DENIED BABY YOUR BABY"). Do **not** issue the woman a Baby Your Baby Card (Pink Card). Refer women denied BYB for being over income to DWS to make a formal Medicaid Application. They could have other financial issues that are not covered in the brief BYB screening that could impact on their financial eligibility for Medicaid.
11. **I have provided the answers to the above questions. I swear that the answers I have given are complete and correct.** The applicant needs to read this statement or, if unable to read, have it read to her and then sign it. If she is unable to write her name, have her make her mark (X) and then sign as a witness that it was the applicant's mark. Remember to have the applicant write in the date after her signature. A minor may sign this statement. If you are using a computerized form, simply read the statement as "Are you (applicant's name) and do you swear that the answers you have given are complete and correct?" If she responds "Yes", simply click the appropriate "YES" box or write "YES" in the blank on the form. Medicaid reserves the right to obtain reimbursement from the applicant if the information she provides is knowingly false. If the applicant denies that the information is complete and correct, she does not qualify for Baby Your Baby. Do not issue a Baby Your Baby Card (Pink Card). Note at line "D" the reason for denial from the back of the application (#10 "Other" under "IF YOU WERE DENIED

BABY YOUR BABY” Write in “denies answers are complete and correct”). It is doubtful that many applicants will fall in this category.

Under the section “For the Baby Your Baby Worker”: Questions under this section are listed by letter and not by number.

- A. **Does the applicant have a medically verifiable pregnancy?** To this point only the attestation of the applicant (her word) has been necessary – no written proof of residency or citizenship, income, etc. has been required. However, the applicant’s pregnancy must be medically verified. Medical verification of pregnancy is a positive urine or serum HCG, an ultrasound report verifying pregnancy or hearing the fetal heartbeat. Home pregnancy tests are not accepted as verification of pregnancy and neither is a urine specimen obtained from home. The applicant must have a positive pregnancy test from her health care provider or a qualified lab or pregnancy testing center (a CLIA certified lab or a lab that has received a waiver from CLIA) and a written statement on the agency’s letterhead with the applicant’s name, the date of the test and the positive result. If the applicant has the report of her ultrasound with her name, the date of the test and a statement of pregnancy, that also may be accepted. Please have someone medically qualified review the report. Only appropriately trained medical staff may verify pregnancy through hearing the fetal heartbeat. Be sure to keep a copy of the positive test result and attach it to the pink copy of the application unless the urine pregnancy test part of the applicant’s medical record that is maintained in the same record with the Baby Your Baby application. Allow the applicant to retain her copy of the positive test to use as pregnancy verification at the time of her Medicaid application. Positive pregnancy tests may be billed to Medicaid if the applicant is eligible for Baby Your Baby (PE). If the applicant has proof of pregnancy with her as noted above or if it was verified onsite indicate, “YES”. If unable to verify the applicant’s pregnancy, indicate “NO” for this question. This is an automatic denial for Baby Your Baby. Note at line “D” the reason for denial from the back of the application (#9 under “IF YOU WERE DENIED BABY YOUR BABY”) and do **not** issue the woman a Baby Your Baby Card (Pink Card).

If “YES,” EDC” : This is the applicant’s estimated date of delivery - her due date. This information is not required but may be helpful to the applicant’s Department of Workforce Services (DWS) caseworker. If possible, enter the due date on the line. If the applicant does not know her due date it may be determined by using the first day of the applicant’s last *normal* period and determining her due date through the use of a pregnancy wheel. Spotting, very light or periods that are significantly different from the applicant’s usual periods don’t count as being a normal period. If you do not have access to a pregnancy wheel, determine the applicant’s due date as follows: Take the date of the first day of the applicant’s last normal menstrual period and add 7 to it. If she has trouble remembering the date, try to have her relate it to a significant event – was it before or after Christmas? Was it before or after that big snowstorm? Was it before or after a vacation? etc. From that date count back 3 months. That is the applicant’s due date – one year later. If you are unable to determine her due date, leave the space blank. Remind the applicant that the due date that counts is the one her health care provider establishes. Ours is only an estimate to help out the DWS caseworker.

- B. **Is the applicant on WIC?** All applicants regardless of whether or not they qualify for Baby Your Baby are to be referred to WIC if they are not already enrolled in that program. However, a woman is not required to enroll in WIC to be eligible for BYB. Even if a woman was over income for BYB, she may still qualify for WIC as their income guidelines are higher than BYB's. If the applicant is already enrolled in WIC, simply check the "YES" box and go on to question "C". If the applicant is not already in WIC, check the "NO" box. **If NO, check if the applicant was referred to WIC.** If the applicant is not enrolled in WIC, make her aware of the program and refer her to the office closest to her home. If you do not know where to refer the applicant, have her call the State WIC Office at 1-877-WIC KIDS. If the applicant is not already enrolled in WIC, it is anticipated that the box at the end of the question will be checked. Referring an applicant to WIC simply means that she has been made aware of the program. It is up to the applicant whether or not she chooses to enroll. Again, WIC enrollment is not required to qualify for Baby Your Baby.
- C. **I certify that the applicant IS / IS NOT eligible for Baby Your Baby (Circle the appropriate response.)** If there have been no reasons for denial and you have verified the pregnancy, the applicant is eligible. If there have been any reasons for denial, she is NOT eligible. Circle the appropriate response. DO NOT issue a Baby Your Baby Card (Pink Card) to an ineligible applicant! Expenses incurred by the applicant through the use of a Baby Your Baby Card issued in error – especially if the pregnancy was not verified – are payable by the agency issuing the card in error.
- D. **If NO, indicate the number of the reason for denial from the list on reverse side.** As previously stated, if the applicant is denied Baby Your Baby, by federal regulation, she must receive a written explanation for that denial. Therefore, every applicant denied Baby Your Baby must receive the yellow copy of the application with the number of the reason for her denial noted. All 9 reasons have been explained. There is a #10 "Other". If, in addition to "denies answers are complete and correct" (see question #11), the applicant is denied for a reason other than 1 through 9 listed on the back of the application, please write in the reason at number 10 in the blank on the back of the application and mark #10 on the front at line "D".

Baby Your Baby Office:

At the bottom of the front of the application, PRINT the name of the agency completing the application, the name of the individual completing the application and the address and phone number where the worker completing the form can be contacted. This is a mandatory field. In case of errors, it is vital that the Medicaid workers entering the form into the computers can clarify issues and make needed corrections. Failure to complete this area results in many hours of lost time for Medicaid personnel. A stamp can be used for this area. Please be sure if you use a stamp to stamp all three pages of the application and to add your name if it is not included on the stamp.

THE BACK OF THE APPLICATION:

Note: The instructions and information at the top of the back of the application are addressed to the applicant. The lower portion of the back is for the BYB worker.

Be sure to review the following instructions with all eligible applicants.

IF YOU ARE ELIGIBLE FOR BABY YOUR BABY:

1. **You need to apply for Medicaid at a Department of Workforce Services by the “Thru” date on the front of this application. You may also apply online at: <https://utahhelps.utah.gov>. You need to do this as soon as possible.**

BYB workers can find an applicant’s closest DWS Office online by going to: <http://jobs.utah.gov/>. Under the heading “Information,” enter the client’s zip code and click on “Find Office.”

2. **Your Baby Your Baby Card will end the last day of the next month if you do not turn in a Medicaid application.**

If the applicant’s Baby Your Baby Card (Pink Card) expires before the applicant makes her formal Medicaid application, another card cannot be issued and neither can the old card be extended. In this case, the woman will have to go to her Department of Workforce Services (DWS) to make her Medicaid application. She can try to arrange retro payment for expenses incurred in the interval between expiration of her Baby Your Baby Card and her Medicaid coverage - if she is determined eligible. Obviously, it is much easier for the applicant if she completes the Medicaid application process prior to expiration of her Baby Your Baby Card. Applicants needing only financial assistance for pregnancy-related expenses are probably best served by filing a Medical Services Only Application via the DWS. Applicants also needing food stamps, subsidized childcare or cash assistance (TANF) along with financial assistance for medical expenses should make application through the DWS on the Utah Department of Workforce Services Application for Financial, Medical, Food Stamp and Childcare Assistance form. You can provide these applications to your clients by downloading them from the DWS website at:

<http://jobs.utah.gov/opencms/forms/61APP.pdf> for English and
<http://jobs.utah.gov/opencms/forms/61APP-SP.pdf> for Spanish.

The woman can also apply online at the URL noted above in number one.

AFTER YOU HAVE MADE A MEDICAID APPLICATION:

1. **You cannot use your Baby Your Baby Card after you have been approved or turned down for Medicaid. If you have been approved for Medicaid, you will need to use your Medicaid number and card and not your Baby Your Baby Card. If you are denied Medicaid, even if it is before your Baby Your Baby Card expires (before the “Thru” date at the top of the card), stop using the card. If you continue to use the card after denial be Medicaid, you will need to pay back the money.**

The BYB worker needs to read the above statement to all applicants determined to be eligible for the program. It is vital that the woman understands that if she continues to use her BYB Card after denial by Medicaid, she will be liable for bills incurred following her denial. Eligible claims incurred prior to the denial will continue to be reimbursed.

It is no longer necessary for the woman to return her expired BYB Card to the issuing office. In fact, it is recommended that the woman retain it (but not use it) in case billing questions should arise at a later date.

An applicant should be informed that once the Department of Workforce Services has approved her Medicaid application she should no longer use her Baby Your Baby Card. If she has been approved for Medicaid, she should then use her Medicaid number. If it will be awhile before the Medicaid Card is mailed to her, the applicant's caseworker can issue a letter stating she is eligible and giving her Medicaid number.

2. If your Baby Your Baby Card is going to run out and you have not been told whether or not you will be able to get on Medicaid, call the application coordinator at the Department of Workforce Services Office where you made your Medicaid Application before your card expires to see if it can be extended.

An applicant, by federal regulation, may have only one period of presumptive eligibility per pregnancy - that is one Baby Your Baby Card. If an applicant loses her card, she may receive a duplicate but all of the information on it must match the original card including the dates of eligibility. If the applicant never filed a Medicaid application and her Baby Your Baby Card has run out, she will have to make a direct Medicaid application as noted above. Her expired Baby Your Baby Card cannot be extended. If she has filed her formal Medicaid application and her caseworker will be unable to make a determination on it prior to BYB Card's expiration, the Department of Workforce Services (DWS) application coordinator or caseworker can extend the Baby Your Baby Card by placing the authorized stamp (F Extension Stamp) on the right hand side of the upper portion of her card (see DWS Extension Stamp of BYB Cards at the end of these line-by-line instructions). The application coordinator or caseworker will only extend the Baby Your Baby Card long enough to permit final determination of Medicaid eligibility. A Baby Your Baby worker CANNOT extend a Baby Your Baby Card, as she does not know whether or not a Medicaid application has been made and what its current status is. Each Department of Workforce Services Office has one stamp. It is usually in the possession of the agency's supervisor. If the supervisor does not have a stamp, have him/her call the Utah Department of Health's Maternal and Infant Health Program's Nurse Consultant.

IF YOU WERE DENIED BABY YOUR BABY:

These instructions were reviewed in the line-by-line instructions.

Under "NOTE:"

Please note that all applicants denied Baby Your Baby should be referred to the Department of Workforce Services (DWS). Baby Your Baby is only a brief screen to determine whether or not the applicant might be Medicaid eligible. There may be other factors in the applicant's case not reviewed in this application that may impact her Medicaid status. Even if a woman has not been legally admitted to this country, she should still be referred to the DWS. She

may be eligible for Emergency Medicaid that will cover only the hospital and health care provider's fees for in-hospital labor and delivery. She may apply for this coverage during her last month of pregnancy. The DWS worker can also speak to the applicant regarding Medicaid coverage for the newborn if it is born in this country. Other children born in this country may also be eligible for Medicaid. Undocumented women and undocumented family members should not apply for food stamps as they will be reported to USCIS (immigration). Information obtained from Baby Your Baby applicants is confidential and not provided to USCIS.

Your nearest Dept. of Workforce Services Office is at:

If possible, please provide the applicant with the address and phone number of her nearest DWS Office. Most DWS Offices now handle the Medicaid Application process via online or phone. Therefore, it is no longer necessary to provide the woman with the name of a specific DWS caseworker or an appointment time. This is especially true for DWS Offices along the Wasatch Front. In some rural areas, it may still be possible to apply in a DWS Office. Check with your local DWS Office to determine their policy regarding submission of applications and appointments. A listing of DWS Offices by zip code is available by going to: <http://jobs.utah.gov/>.

If the woman's pregnancy is considered to be high risk, she should provide a note from her health care provider on his/her letterhead to DWS stating this. In determining eligibility for Medicaid, DWS workers look not only at gross income but also at applicants' assets. Assets may include, but are not limited to, savings accounts, 401Ks, second cars, rental property, RVs, IRAs, etc. If a woman has a documented high risk pregnancy, the asset test may be waived for her. The Baby Your Baby Program does not count assets.

Please take the following information to your appointment:

If the applicant can provide the information noted (proof of pregnancy; proof of citizenship/immigration status; social security number; proof of household income and assets) in a timely manner, she may be able to more quickly complete the Medicaid Application process. Please note that the items listed may not be the only required documents. If she does not have the information listed, it is very important that she keeps appointments with her the application coordinator/intake worker/caseworker (the actual personnel involved at the Department of Workforce Services vary from office to office). The applicant will be given time to supply the needed information. It is better to start the application process and provide required information later than to delay the start of the process. In many cases, the applicant may be able to complete the Medicaid application online or via phone interview with mail-in of needed documents. Have the applicant check with her local DWS Office to determine their process.

Under "FOR THE BABY YOUR BABY WORKER":

The Household size chart at the top of the bottom of the page has already been explained. See the instructions for #7 for review if necessary.

Submitting the application to Medicaid:

Please note, BY FEDERAL REGULATION, YOU HAVE 5 WORKING DAYS TO RETURN THE WHITE COPY OF THE COMPLETED APPLICATION TO THE ADDRESS AT THE TOP OF THE FRONT PAGE EITHER BY FAX OR MAIL. Please either mail or fax in only completed applications for women determined to be eligible for Baby Your Baby. Please do not fax and mail approved applications. It confuses Medicaid to receive the same application twice. So - IF YOU FAX IN THE WHITE COPY TO MEDICAID, YOU NO LONGER NEED TO ALSO MAIL IT IN.

DISTRIBUTION:

The **white copy** is returned to Medicaid.

The **pink copy** is the one kept by the Baby Your Baby site.

The **yellow copy** is given to the applicant whether or not she is determined to be eligible for Baby Your Baby.

Note the revision date at the bottom of the application and be sure to use the current application – “Revised March 201”!

BABY YOUR BABY CARDS / PINK CARDS:

Please note! As of December 2007, the appearance of the Baby Your Baby Card (Pink Card) changed. It is now an 8 ½” X 11” one-sided form to better accommodate BYB offices that accept and process BYB Applications through the online system Utah Clicks. The full page format is easier to run through a printer and fax machine. If your site does not utilize Utah Clicks, you will complete the Baby Your Baby Card by hand as you have in the past. For instructions on completing Baby Your Baby Cards online, please see the Utah Clicks manual. If desired, you may fold the form along the dotted line printed in the middle of the page and tape the top of the page. This will give the card the very same appearance as the old format and may make it easier for the applicant to carry the card in her purse.

General Instructions:

- 1) Please use a medium point black pen when completing the Baby Your Baby Card.
- 2) **PRINT LEGIBLY!** If you make a mistake while completing the card, do not white out, cross out or write over the mistake. Tear the card up and begin a new one. Changes on the card void it as it is unknown if the Baby Your Baby worker or the applicant changed the card.
- 3) NEVER give the card to applicants to complete! Their handwriting is often illegible and they may fill out the card incorrectly.
- 4) Lost cards may be replaced by the Baby Your Baby worker. Simply copy all of the information from the original Baby Your Baby application onto the new card. All information must match exactly what is on the application, including the dates of eligibility. Write duplicate across the top of the front of the card.
- 5) Currently the Baby Your Baby Card (Pink Card) in use is labeled “Revised 1/11” in the lower right hand side of the upper portion of the card.

Line-by-Line Instructions: Eligibility from Eligibility Thru

Client Name**Health insurance**

The above information MUST match exactly what is entered on the Baby Your Baby application. If the information on the Baby Your Baby Card does not match that entered into Medicaid's computer from the application, requests for reimbursement will be denied resulting in unhappy health care providers who will not be willing in the future to accept Baby Your Baby Cards and angry Baby Your Baby applicants who may end up receiving bills they were assured would be covered by the program. Please check carefully to assure you have not made copy errors!

I.D. No. - This is the applicant's social security number (SSN) or program ("dummy" number) issued by the Baby Your Baby worker. It is no longer necessary to use a "V" after the applicant's SSN or program number. This is the number that is to be used on requests for reimbursement while the applicant is on Baby Your Baby. Once the applicant is on Medicaid, she needs to use her Medicaid number.

Birth Date – This must match the date on the Baby Your Baby application.

Baby Your Baby Office**Address****Phone #**

The above information should match what you entered at the bottom of the front side of the Baby Your Baby application.

Signature of the Baby Your Baby Worker – The name written here should be the same as that noted on the bottom of the Baby Your Baby application by "Worker's Name".

Signature of Client and Date – Have the client read the information above the signature area ("I certify that the above information is correct....") and sign the card and date it. A minor may sign her own Baby Your Baby Card.

What does the Baby Your Baby Card cover?

The card covers pregnancy-related, outpatient, Medicaid covered services while the card is valid. It will cover routine office visits for prenatal care from any willing Medicaid provider in the State of Utah. It will also cover outpatient ultrasounds for the pregnancy, outpatient non-stress tests, pregnancy-related lab services and emergency room visits for pregnancy-related problems. If the woman goes into an emergency room due to vaginal bleeding, contractions, etc. and is evaluated for the problem and discharged home, the card should cover the services. If the client is admitted into the hospital for the problem, the point at which she is admitted, the card ceases to cover the expenses since only outpatient costs are covered. Health care provider global fees are not covered as they include the provider's inpatient labor and delivery fees that are ineligible under Baby Your Baby. While on Baby Your Baby, only prenatal vitamins and antibiotics for infections that would negatively impact the fetus are covered. No dental, eye or transportation services are covered. If unsure whether or not a service is covered by Baby Your Baby, the applicant or her provider should contact Medicaid at 1-800-662-9651 and discuss the issue with the billing department prior

to receipt of the service in question. Home IV therapy for hyperemesis and 17-P (Makena) require prior authorization however, these may not be the only services requiring prior authorization. When in doubt if a service is covered or whether it requires prior authorization the woman and/or her health care provider should contact Medicaid at the previously listed number.

Please note that claims for reimbursement for services rendered while using this card must be billed to the “Send claims to” address indicated at the bottom right hand side of the Baby Your Baby Card and **NOT** to the Baby Your Baby Office’s address.

Questions regarding billing or eligibility for Medicaid should be referred to the phone numbers printed on the bottom right hand side on the front of the card.

Please review the instructions on the bottom half of the card under “To the client – What to do next:”.

1) You need to apply for Medicaid at the Department of Workforce Services by the “thru” date at the top of this card. You may also apply online at: <https://utahhelps.utah.gov>. You need to do this as soon as possible.

Urge the client to make her Medicaid application as quickly as possible. If the applicant’s Baby Your Baby Card (Pink Card) expires before the applicant makes her formal Medicaid application, another card cannot be issued and neither can the old card be extended. In this case, the woman will have to go to her Department of Workforce Services and make a direct application. She can try to arrange retro payment for expenses incurred in the interval between expiration of her Baby Your Baby Card and her Medicaid coverage - if she is determined eligible. Obviously, it is much easier for the applicant if she completes the Medicaid application process prior to expiration of her Baby Your Baby Card.

2) You must take this card with you for services to be provided.

The client must always take her Baby Your Baby Card (Pink Card) with her and show it to the health care provider for services to be provided – no card, no services unless the client is willing to pay out of pocket for them.

3) If your card is about to run out and you have not been told whether or not you will be able to get on Medicaid, call the office of the Department of Workforce Services where you are making your Medicaid application before this Baby Your Baby Card expires.

See instructions for the Baby Your Baby application regarding extending a Baby Your Baby Card under “AFTER YOU HAVE MADE A MEDICAID APPLICATION” #2.

4) If you are denied Medicaid, even if it is before the “Thru” date, stop using this card. If you continue to use the card after denial by Medicaid, you will need to pay back the money.

The BYB worker needs to read the above statement to all applicants determined to be eligible for the program. It is vital that the woman understands that if she continues to use her BYB Card after denial by Medicaid, she will be liable for bills incurred following her denial. Eligible claims incurred prior to the denial will continue to be reimbursed.

It is no longer necessary for the woman to return her expired BYB Card to the issuing office. In fact, it is recommended that the woman retain it (but not use it) in case billing questions should arise at a later date.

An applicant should be informed that once the Department of Workforce Services has approved her Medicaid application she should no longer use her Baby Your Baby Card. If she has been approved for Medicaid, she should then use her Medicaid number. If it will be awhile before the Medicaid Card is mailed to her, the applicant's caseworker can issue a letter stating she is Medicaid eligible and give her Medicaid number.

It is vital that providers check with the client regarding her Medicaid status each time she presents her card for prenatal services. If she has not already made her formal Medicaid application, she should be urged to do so as soon as possible. If she has already filed her Medicaid application, the provider should ask her what its status is. If it is pending, she should be urged to provide all documentation required by Medicaid as quickly as possible. If the client was denied Medicaid or if the card has expired, the provider should not accept the Baby Your Baby Card. Another form of payment will need to be arranged. As soon as the woman is on Medicaid, all requests for reimbursement must be made using the client's Medicaid number.

5) Always take this card with you to any appointments with the Department of Workforce Services.

At this time, most of the Medicaid application process is done either online or via phone. As a result, often until the woman is well into the application process, she may not have a specific case worker. Each DWS Office should have an application coordinator. Therefore, should the client need an extension of her Baby Your Baby Card (she has filed a Medicaid application prior to expiration of her BYB Card but as the expiration date on her card approaches, she has not received a decision from Medicaid regarding her eligibility), she should contact either her caseworker or the application coordinator at the Department of Workforce Services regarding extending her card. If an extension is granted, the applicant will need to take her BYB Card into DWS. Each DWS Office has one F extension stamp that is usually in the possession of the office supervisor. When the woman's extension is approved, her card will be stamped in the upper portion of the card under the area marked "Signature of the Baby Your Baby Worker" and a new expiration date is entered. The DWS will notify Medicaid to extend the expiration date in the Medicaid computer. Please note: If the client is denied Medicaid, the caseworker has the right to retain the applicant's Baby Your Baby Card.

To the provider:

1) Reimbursement of services will be paid through the Utah Medicaid billing system utilizing Medicaid's reimbursement policies and payment rates. Send all claims to the address noted on the upper portion of this card.

These instructions remind the provider that all reimbursement for services rendered to Baby Your Baby clients are paid through the Medicaid billing system as any other request for Medicaid reimbursement would be made.

2) Only outpatient pregnancy related services will be reimbursed. No claims for

deliveries, global fees or any inpatient services will be reimbursed under the Presumptive Eligibility (Baby Your Baby) Program.

These instructions review services covered by Baby Your Baby. Global fees may not be billed for women on Baby Your Baby since the global fee includes the provider's in-hospital labor and deliver fees and BYB does not cover in-patient services.

3) No reimbursement for covered Medicaid services will be made by this program if payments for such services can be obtained from other third party sources.

Private insurance must be billed prior to seeking reimbursement through Medicaid. Medicaid is the payer of last resort.

4) Any extension of eligibility can be granted only by the Department of Workforce Services and must be indicated by the authorized F Extension Stamp on the upper portion of this card.

Extension of a Baby Your Baby Card may only be granted by the applicant's caseworker or application coordinator at the Department of Workforce Services. If a card has been extended, there will be a stamp on the upper portion of the card under the "Signature of the Baby Your Baby Worker" with the signature for the DWS worker and the new expiration date. For more information on extending BYB Cards, please see #2 on page 20.

5) If you have any questions on the client's eligibility please contact:

Above the line labeled "Baby Your Baby Office" print the name of the agency employing the Baby Your Baby worker, a phone number at which the worker can be reached and the name of the applicant's Baby Your Baby worker. This allows both the applicant and provider a friendly contact to assist with any questions that might arise related to the BYB Program.

Revised: 05-11/DAC

Department of Workforce Services Extension Stamp of Baby Your Baby Cards

The woman on Baby Your Baby (Presumptive Eligibility [PE] for Prenatal Medicaid) is entitled to remain on PE until the Department of Workforce Services (DWS) makes a final determination regarding her Medicaid application. Therefore, a woman who's Baby Your Baby (Pink Card) is going to run out and who has not heard whether or not she has been approved for Medicaid may be eligible to have her BYB card extended. However, certain requirements for an extension must be met. The applicant must have submitted her Medicaid application prior to the expiration date ("Thru" date) at the top of her Baby Your Baby Card and is following through with the submission of additional Medicaid documentation as requested by DWS. Applicants qualifying for extension of their Baby Your Baby (BYB) Cards will not have their cards extended for another full period of presumptive eligibility but only until DWS has adequate time to make a final determination regarding her Medicaid application. A BYB worker cannot extend a BYB Card. Baby Your Baby Cards may only be extended by the Department of Workforces Services.

Below is a copy of the F Extension Stamp used by the Department of Workforce Services (DWS) to extend a client's Baby Your Baby (Pink) Card. There is one F Extension Stamp per DWS Office. If the applicant is approved for an extension of her presumptive eligibility (BYB), the caseworker will place the F Extension Stamp on the lower right hand corner of the upper portion of the client's Baby Your Baby Card and write the new expiration date on the line

labeled “TO” and sign on the “Authorized Signature” line. The DWS worker will notify the State Medicaid Office to extend the applicant’s expiration date in the computer.

Some DWS Offices do not have a caseworker on site. In those cases, there should be an application coordinator available. This individual should have the F Extension Stamp. If the application coordinator does not have the stamp, the site supervisor should. In the event that the office is unable to locate the stamp or is unfamiliar with the extension procedure, please have the DWS worker contact Debby Carapezza whose contact information is below.



Debby Carapezza, RN, MSN
Nurse Consultant, Maternal and Infant Health Program
Utah Department of Health/DFHP/MIHP
P. O. Box 142001
Salt Lake City, UT 84114-2001
Phone: 801-538-9946
Fax: 801-538-9409
E-Mail: dcarapezza@utah.gov

05/11-DAC

TRAINING EXERCISES FOR COMPLETING BABY YOUR BABY APPLICATIONS

Determining Household Size Exercise

How many are in the following households?

CASE #1:

Jane is single, 18 years old and pregnant with her first baby. She lives with her boyfriend in her parent’s home along with 2 younger sisters ages 15 and 13.

What number would you put in question number 7, “How many people are in your household?”

Correct answer: **2**. Use the left side of the chart on the back of the application since Jane is 18. Utilizing the criteria listed there, only Jane and her unborn baby will be counted in the household since her partner is not her legal spouse and she has no other children or step-children.

CASE #2:

Mary is single, 17 years old and pregnant with her first baby. She lives with her boyfriend in her parent's home along with 2 younger sisters ages 15 and 13.

What number would you put in question number 7, "How many people are in your household?"

Correct answer: **6**. Since Mary is under age 18, use the right side of the chart. Using the criteria listed there the following would be counted as household members: Mary, her unborn baby, her parents, and both of her siblings since they are under age 18. Mary's partner is not her legal spouse and, therefore, is not counted and she has no step-children.

CASE #3:

Annie is a 28-year-old married woman pregnant with her fourth child. She and her husband live together with her 3 children ages 11, 8 and 5 plus her husband's 2 children by a previous marriage. They are ages 17 and 19.

What number would you put in question number 7, "How many people are in your household?"

Correct answer: **7**. Since Annie is married and 18 or older, use the left side of the chart. According to those criteria, count Annie, her legal spouse, her unborn child plus her 3 living children since they are all under the age of 18. Only one of her step-children is under 18 and eligible to be counted as a household member. Note that the step-children are residing with Annie and her husband.

CASE #4:

Amy is 16 and pregnant with her first child. She lives with her boyfriend at the home of one of his friends. His friend is married and has 2 children ages 3 and 1 ½.

What number would you put in question number 7, "How many people are in your household?"

Correct answer: **2**. Since Amy is under 18, use the right side of the chart. By the criteria listed there, count only Amy and her unborn. Her partner is not her legal spouse and she has not other children. She does not live with her parents (count only people living together) and her boyfriend's friend and family do not fit any of the other criteria listed there.

Revised 05/11/DAC

Calculating Monthly Income for Baby Your Baby

To determine monthly income:

- If you have a yearly figure, divide by 12.
 - \$21,000 per year / 12 = \$1,750 per month
- If you have an hourly figure, compute a weekly figure and multiply by 4.3.
 - \$7.00 per hour X 30 hours per week X 4.3 weeks = \$903 per month

- If you have a figure for every two weeks, divide by 2 then multiply by 4.3.
 - $\$500.00 \text{ every two weeks} / 2 \times 4.3 = \$1,075 \text{ per month}$

IN A NUTSHELL, COME UP WITH A MONTHLY FIGURE. MONTHLY FIGURES MUST BE BASED ON 4.3 WEEKS PER MONTH.

(There are 52 weeks per year, hence the need to multiply by 4.3. If you only multiply by 4 [4 X 12 = 48 weeks], you will under count the applicant's income.)

Revised: 05/11

Determining Income Exercise

“WHAT IS THE TOTAL GROSS INCOME THAT YOU EXPECT TO RECEIVE THIS MONTH FOR ALL MEMBERS OF THE HOUSEHOLD LISTED IN QUESTION NUMBER 7?”

Hint: First determine the household members and then the income!

CASE #1:

Jane is single, 18 years old and pregnant with her first baby. She lives with her boyfriend in her parent's home along with 2 younger sisters ages 15 and 13.

Jane grosses \$6.95/hour at McDonalds and works 30 hours per week. Her boyfriend earns \$8.35/hour as a mechanic and works 40 hours per week. Jane's father earns \$21.50/hour and also works 40 hours/week. Jane's mother earns \$10.50/hour and works 24 hours/week. Jane's 15-year-old sister earns \$3.50/hour but only works 8 hours/week.

What is the household income for this month you would list in #8?

Remember to only count the income of those you listed as household members. In this case, only 2 qualify as household members – Jane and her unborn. Therefore, the gross income noted in #8 would be \$896.55 for the month. ($\$6.95 \times 30 \times 4.3 = \896.55)

CASE #2:

Mary is single, 17 years old and pregnant with her first baby. She lives with her boyfriend in her parent's home along with 2 younger sisters ages 15 and 13. Due to hyperemesis, Mary quit her part time job at Arby's last month. Her father earns \$16.75/hour and works 40 hours/week. Her mother earns \$8.10/hour and also works 40 hours/week. Mary's boyfriend finds work when he can but currently is working on a ranch 24 hours/week at \$7.50/hour. Both of Mary's sisters are too young to work except for babysitting.

What is the household income for this month you would list in #8?

Remember to only count the income of those you listed as household members. In this case the following are counted as household members: Mary, the unborn, both of Mary's parents, and

both siblings. The boyfriend is not counted in the household and, therefore, his income is not counted. Mary's income was from a previous month and is 0 for the month in which she is making application. Her siblings aren't really wage earners. Her parent's gross income is:

Father's - $\$16.75/\text{hour} \times 40 \text{ hours/week} \times 4.3 \text{ for the month} = \$2,881$

Mother's - $\$8.10/\text{hour} \times 40 \text{ hours/week} \times 4.3 \text{ for the month} = \$1,393.20$

The total gross income for household members listed in #7 is \$4,274.20 for the month of application.

CASE #3:

Annie is a 28-year-old married woman pregnant with her fourth child. She and her husband live together with her 3 children ages 11, 8 and 5 plus her husband's 2 children by a previous marriage. They are ages 17 and 19.

Annie works at a day care center 24 hours/week at \$6.80/hour. Her husband earns \$21,000/year as a worker at a steel fabrication plant. Neither of the teenage children are wage earners but Annie's husband receives \$200/month in child support for the 17 year old from his ex-wife. Both of her husband's children are currently in school and not employed.

What is the household income for this month you would list in #8?

Annie's gross income = $\$701.76 (\$6.80/\text{hour} \times 24 \text{ hrs./week} \times 4.3 = \$701.76)$

The husband's gross income = $\$1,750 (\$21,000 / 12 = \$1,750)$

Child support = \$200

Total gross income = \$2,651.76

CASE #4:

Amy is 16 and pregnant with her first child. She lives with her boyfriend at the home of one of his friends. His friend is married and has 2 children ages 3 and 1 ½. Neither the friend nor his wife contributes money to help support Amy.

Amy works 30 hours/week at the Stop 'N Shop as a clerk at \$6.75/hour. Her boyfriend works at KFC 40 hours/week at \$7.25/hour. Amy's parents did help her out this month by giving her a check for \$500.

What is the household income for this month you would list in #8?

Remember to only count the income of those you listed as household members. Countable income only includes Amy's gross income and the contribution from her parents. Since her boyfriend is not her legal spouse, his income is not included. Also, the friend and his wife's income are not included as they are not household members and have not provided monetary support. Therefore, the household income for the month of application is:

Amy's gross income = $\$870.75 (\$6.75/\text{hr.} \times 30 \times 4.3 = \$870.75)$

Contribution to Amy from her parents = \$500

Total gross income = \$1,370.75

Revised: 05/11

Determination of the Estimated Date of Delivery Without a Pregnancy Wheel

Take the date of the first day of the last NORMAL menstrual period and add 7 to it. From that date, count back three months. The applicant's estimated due date will be one year from that date.

FOR EXAMPLE: The date of the first day of the applicant's last normal menstrual period was April 11, 2010. Add 7 = 18. Then count back three months = January 18th. Add one year = January 18, 2011. Therefore, the applicant's due date is January 18, 2011.

REMEMBER! This is only an estimate. The due date that counts is the one the applicant's healthcare provider assigns.

If the applicant has difficulty remembering the date of the first day of her last normal period, try helping her to associate it with another event. For example, was her last normal period before or after a special event such as her birthday, a holiday, sports event (i.e., Super Bowl), or national event.

Reference: Eisenberg A, Murkoff HE, Hathaway SE. What to Expect When You're Expecting. 1991. Workman Publishing: NY. p. 7.

Revised: 05/11

SAMPLES OF THE BABY YOUR BABY APPLICATION AND BABY YOUR BABY CARD (PINK CARD)

Introduction

To follow are copies of the Baby Your Baby Application in English and Spanish and the Baby Your Baby Card (Pink Card) in English only. These forms are provided in this manual for training purposes only. Please do not print and use these copies for applicants. Both the applications and cards can be ordered through the Baby Your Baby Hotline. See "How to Order Forms" listed in the Table of Contents. The online system, Utah Clicks, is available in both English and Spanish. The Spanish version of the Baby Your Baby Application is included for those providers who work with Spanish speaking clients so they will not have to translate the application as they complete it for their Spanish-speaking applicants. Never give the application or card to applicants to complete as they may respond to questions incorrectly and their handwriting is often illegible.

Usually, every year the federal poverty guidelines change in approximately February or March. As a result the applications must be updated to reflect the new poverty levels listed in number 9. Please be sure you are using the most current application when interviewing your clients. The current application is dated March 2011 on the bottom of the back page.

Updated 05/11

The Baby Your Baby Application in English – Front



BABY YOUR BABY / PRESUMPTIVE ELIGIBILITY APPLICATION
Utah Department of Health, Bureau of Medicaid Operations
P.O. Box 143106, Salt Lake City, UT 84114-3106
Fax Number 801-237-0742



Applicant's Name: _____ Eligible From: _____ Thru: _____
Last First MI MM DD YY MM DD YY

SSN or Program #: _____ Date of Birth: _____
MM DD YY

Mailing Address: _____
Street (Apt. #) City State Zip Code

Home Phone: _____ Work Phone: _____

- 1a. Are you a U.S. citizen? If "YES," go to question number 2. If "NO," read question number 1b. YES ☐ NO ☐
1b. If you are not a U.S. citizen, are you a qualified alien - have you been lawfully admitted for permanent residence by the U.S. Citizenship and Immigration Service-meaning, do you have a green card? YES ☐ NO ☐
1c. If 1b was "YES," in what month and year did you get your green card? _____ / _____
Month Year
2. Do you live in Utah and intend to continue to live in Utah? YES ☐ NO ☐
3. Are you on UT Medicaid, CHIP (Child Health Insurance Program) or PCN (Primary Care Network) now? YES ☐ NO ☐
4a. Have you been denied Medicaid within the last 30 days? If "Yes," read 4b and 4c. If "NO," skip to #5. YES ☐ NO ☐
4b. Why were you denied Medicaid? _____ Has that reason changed since the denial? Read 4c. YES ☐ NO ☐
4c. Did you tell the caseworker that you are now pregnant? YES ☐ NO ☐
5. Have you already received a Baby Your Baby Card (Pink Card) during this pregnancy? YES ☐ NO ☐
6. Do you have any health insurance? (If "YES," complete ALL the information below.) YES ☐ NO ☐

Name of Insurance: _____ Phone #: _____

Address of insurance company: _____

Policy holder's name: _____ Policy ID #: _____ Group #: _____

Employer's name: _____ Employer's Phone #: _____

(If the insurance is through an employer)

7. How many people are in your household? _____ Use the chart on the back to determine household size.
8. What is the total gross income (before deductions) you expect to receive this month for all household members listed in #7?
Gross income is: \$ _____ Gross income includes but is not limited to the following:
A. Earned income B. Social Security Income C. Unemployment Insurance D. Child Support
E. Self-Employment F. Veteran's Benefits G. Workman's Compensation H. Contributions or Gifts
9. Circle the household size and income below. Include the unborn child.

*These monthly maximum income standards change annually in March.

HOUSEHOLD SIZE	MON. MAX. INCOME*	HOUSEHOLD SIZE	MON. MAX. INCOME*
2	\$1,631.00	6	\$3,324.00
3	\$2,054.00	7	\$3,748.00
4	\$2,478.00	8	\$4,171.00
5	\$2,901.00	Add \$424.00 for each additional family member.	

10. Does the applicant meet financial requirements for Baby Your Baby (Presumptive Eligibility)? YES ☐ NO ☐
11. I have provided the answers to the above questions. I swear that the answers I have given are complete and correct.

Signature of applicant: _____ Date: _____

For the Baby Your Baby Worker

- A. Does the applicant have a medically verifiable pregnancy? YES ☐ NO ☐ If "YES," EDC: _____
B. Is the applicant on WIC? YES ☐ NO ☐ If "NO," check if the applicant referred to WIC. ☐
C. I certify that the applicant IS / IS NOT eligible for Baby Your Baby. (Circle the appropriate response.)
D. If "NO," indicate reason for denial from list on reverse side. _____

Baby Your Baby Office: _____ Worker Name: _____ Phone # _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

The Baby Your Baby Application in English – Back

TO THE APPLICANT

IF YOU ARE ELIGIBLE FOR BABY YOUR BABY:

1. You need to apply for Medicaid at a Department of Workforce Services Office by the "Thru" date on the front of this application. You may also apply online at: <https://utahhelps.utah.gov>. You need to do this as soon as possible.
2. Your Baby Your Baby Card will end the last day of the next month if you do not turn in a Medicaid application.

AFTER YOU HAVE MADE A MEDICAID APPLICATION:

1. You cannot use your Baby Your Baby Card after you have been approved or turned down for Medicaid. If you have been approved for Medicaid, you will need to use your Medicaid number and card and not your Baby Your Baby Card. If you are denied Medicaid, even if it is before your Baby Your Baby Card expires (before the "Thru" date at the top of the card), stop using the card. If you continue to use the card after denial by Medicaid, you will need to pay back the money.
2. If your Baby Your Baby Card is going to run out and you have not been told whether or not you will be able to get on Medicaid, call your caseworker or application coordinator at the Department of Workforce Services Office where you made your Medicaid Application before your card expires to see if it can be extended.

IF YOU WERE DENIED BABY YOUR BABY: (BYB worker: Place the denial number in the blank by #D on the front.)

You did not get a Baby Your Baby Card because:

1. ☐ You are not a U.S. citizen and have not been lawfully admitted for permanent residence by USCIS.
2. ☐ You have not had your "Green Card" long enough (five years by month and year) to qualify for Baby Your Baby.
3. ☐ You do not live in Utah or intend to continue to live in Utah.
4. ☐ You are already on Utah Medicaid.
5. ☐ You are on CHIP or PCN. Have your CHIP/PCN caseworker review your file. You may qualify for Medicaid.
6. ☐ You were denied Medicaid within the past 30 days and the reason for your denial has not changed.
7. ☐ You have already had the one Baby Your Baby Card allowed per pregnancy.
8. ☐ For your household size, you earn too much money to get a Baby Your Baby Card.
9. ☐ You are not pregnant.
10. ☐ Other. Please list: _____

NOTE: This application is only a brief look to see if you can get Medicaid. People turned down for Baby Your Baby may still be able to get on Medicaid or other assistance programs. Even if you did not get a Baby Your Baby Card, you should still make an appointment at your local Department of Workforce Services Office for a closer look at your case. Your Baby Your Baby worker can give you the address of your closest office.

Your nearest Department of Workforce Services Office is at: _____
Address Phone Number

Provide your caseworker with a note from your doctor if he/she considers your pregnancy to be high risk. You may also need to provide the following information: Proof of citizenship / immigration status Your Social Security Card
Proof of household income / assets (savings accounts, RVs, IRAs, etc.) Proof of pregnancy

FOR THE BABY YOUR BABY WORKER

Use the chart below to determine the household size, **INCLUDE ONLY PEOPLE WHO LIVE TOGETHER.**

(Place number in household on line 7 on the front of the application.)

If the applicant is 18 or older (regardless of marital status), include:	If the applicant is younger than 18 (regardless of marital status), include:
Applicant	Applicant
Legal spouse of applicant	Legal spouse of applicant
Applicant's unborn child(ren)	Applicant's unborn child(ren)
Applicant's children that are younger than 18	Applicant's children
Applicant's step-children that are younger than 18	Applicant's step-children that are younger than 18
	Applicant's parents
	Applicant's siblings that are younger than 18

Unless you have approved this application online via Utah Clicks, fax or mail the white copy of this application within 5 working days of completion to the fax number or address at the top of the front page.

Distribution of copies: White / Utah Department of Health Pink / Retain for your records Yellow / Applicant's copy

Revised March 2011

Baby Your Baby Application in Spanish – Front (cont.) & Back

9. Marque con un círculo el número de personas que viven en el hogar y el ingreso del hogar a continuación. Incluya al niño que no ha nacido.

*Estas que las normas de ingreso de máximo mensuales cambian anualmente en marzo.

Numero de Personas que habitan en el hogar	Cantidad Máxima de Ingreso Mensual
2	\$1,631
3	\$2,054
4	\$2,478
5	\$2,901
6	\$3,324
7	\$3,748
8	\$4,171
	Agregue \$424 por cada miembro adicional de la familia

10. ¿Reúne el solicitante los requisitos financieros para el programa Mime a Su Bebé (Elegibilidad Presunta)? SI ☐ NO ☐

11. Por medio de la presente certifico que yo he proporcionado las respuestas a las preguntas anteriores. Yo juro que las respuestas que yo he dado están completas y correctas.

Firma de solicitante: _____ Fecha: _____

Para el Trabajador Social del Programa Mime a su Bebe (Baby your Baby)

- A. ¿Tiene el solicitante un embarazo comprobable médicamente? SI ☐ NO ☐

Si responde "SI," EDC: _____

- B. ¿Esta la solicitante en el programa WIC? SI ☐ NO ☐

Si contesta "NO," marque si la solicitante ha sido referida al programa a WIC. ☐

- C. Yo certifico que el solicitante ES / NO ES elegible para el Programa Mime a su Bebe (Baby your Baby). (Marque un círculo en la respuesta apropiada.)

- D. Si contesta "NO," indique la razón para el rechazo de la lista en lado de atrás. _____

Oficina del Programa Mime a su Bebe (Baby your Baby): _____

Nombre del Trabajador Social Numero Telefónico # _____

Dirección: _____ Ciudad: _____ Estado: _____ Código Postal: _____

PARA LA SOLICITANTE

SI USTED ES ELEGIBLE PARA EL PROGRAMA BABY YOUR BABY:

1. Usted necesita solicitar el Medicaid en una oficina del Departamento del Workforce Service antes de la fecha "hasta" que aparece en el frente al comienzo de esta solicitud. Usted también puede solicitar el Medicaid por Internet en la página de Internet: <https://utahhelps.utah.gov>. Usted necesita hacer esto lo más pronto posible
2. Su tarjeta del programa Mime a su Bebe (Baby your Baby) se vencerá el último día del próximo mes si usted no introduce su solicitud del Medicaid.

DESPUÉS DE QUE USTED HA SOLICITADO SU MEDICAID:

1. Usted no puede usar tarjeta del programa Mime a su Bebe (Baby your Baby) después de que usted ha sido aceptado o se le ha negado el Medicaid. Si usted le ha sido aprobado el Medicaid, usted necesitará usar su número y su tarjeta del Medicaid y no su tarjeta del programa Mime a su Bebe (Baby your Baby). Si a usted le niegan el Medicaid, aun cuando sea antes del venciendo de la tarjeta del programa Mime a su Bebe (Baby your Baby) (antes del la fecha "Desde" que aparece en el tope de la tarjeta), deje de usar la tarjeta. Si usted continúa usando la tarjeta después de ser rechazado por Medicaid, usted necesitará pagar el dinero de vuelta.

Baby Your Baby Application in Spanish – Back (cont.)

2. Si su tarjeta del programa Mime a su Bebe (Baby your Baby) va a vencer y a usted no le han dicho si va o no va a obtener el Medicaid, llame a su trabajador social o al coordinador de la solicitud en la oficina del Departamento del Workforce Service donde usted hizo su Solicitud del Medicaid antes de que su tarjeta se expire para ver si puede extenderse la duración de la tarjeta.

SI A USTED SE LE NEGÓ EL PROGRAMA MIME A SU BEBE (BABY YOUR BABY):

(Trabajador Social del programa Baby your Baby: Coloque el número del motivo por el cual fue rechazada la solicitud en el # D)

Usted no le hizo Su Tarjeta del Bebé a un Bebé porque:

1. ☐ Usted no es un ciudadano de los Estados Unidos de América y no se le ha admitido legalmente para la residencia permanente por parte del USCIS.
2. ☐ Usted no ha tenido su "la Tarjeta Verde" el tiempo suficiente (cinco años por mes y año) para calificar para el programa Mime a su Bebé (Baby your Baby).
3. ☐ Usted no vive en Utah o piensa continuar viviendo en Utah.
4. ☐ Usted ya está inscrita en el Medicaid de Utah.
5. ☐ Usted está en el Programa de Seguro de Salud para los Niños Programa (CHIP por sus siglas en Inglés) o en una Red De Cuidado Primario (PCN, por sus siglas en inglés). ¿Ha revisado el trabajador social de CHIP/PSN su caso? Usted puede calificar para Medicaid.
6. ☐ A usted le negaron Medicaid dentro de los últimos 30 días y la razón para su rechazo no ha cambiado.
7. ☐ Usted ya le han otorgado tarjeta del programa Mime a su Bebe (Baby your Baby) permitida por cada embarazo.
8. ☐ Debido al tamaño de su hogar, usted gana demasiado dinero para tener una tarjeta del programa Baby your Baby.
9. ☐ Usted no está embarazada.
10. ☐ Otro. Por favor exponga: _____

NOTA: Esta solicitud es sólo una mirada breve para ver si usted puede conseguir el Medicaid. Las personas que no pudieron calificar para el programa Mime a su Bebe (Baby your Baby) para el Bebé que Su Bebé puede que todavía sean capaces de conseguir el Medicaid u otros programas de asistencia. Aun cuando usted no pudo obtener una tarjeta del programa Baby Your Baby, usted todavía debe hacer una cita en la oficina del Departamento del Workforce Service para una revisión mas cuidadosa de su caso. Su trabajador social del programa Mime a su Bebe (Baby your Baby) puede darle la dirección de la oficina más cercana.

Su oficina del Departamento del Workforce Service más cercana es: _____

El número telefónico es: _____

Proporcione a su trabajador social una nota de su doctor si el el/ella considera que su embarazo es de alto riesgo.

Usted también puede necesitar proporcionar la siguiente información:

Prueba de ciudadanía / estatus migratorio

Su Tarjeta del seguro social

Prueba de ingresos del hogar / bienes (cuentas de ahorro, RVs, IRAs, etc.)

Prueba de embarazo

PARA EL TRABAJADOR SOCIAL DEL PROGRAMA BABY YOUR BABY

Use la tabla a continuación para determinar el tamaño del hogar, **INCLUYA SOLO A PERSONAS QUE VIVEN JUNTAS.**

(Coloque el número del lugar del hogar en la línea 7 del frente de la solicitud.)

Si la solicitante es mayor de 18 años (independientemente del estatus marital), incluya:	Si la solicitante es menor de 18 años (independientemente del estatus marital), incluya:
Solicitante	Solicitante
Esposo Legal de la Solicitante	Esposo Legal de la Solicitante
Niño(s) no nacidos de la Solicitante	Niño(s) no nacidos de la Solicitante
Niños de la Solicitante menores de 18 años	Niños de la Solicitante
Niños Adoptivos de la Solicitante menores de 18 años	Niños Adoptivos de la Solicitante menores de 18 años
	Padres de la Solicitante
	Hermanos(as) de la Solicitante menores de 18 años

A menos que usted haya aprobado esta solicitud en línea vía Utah Clicks el botón, envíe por fax o por correo la copia blanca de esta aplicación dentro de los 5 días hábiles de haberla completado al número del fax o a la dirección que aparece en el tope de la página delantera.

Distribución de copias:

Blanca / para El Departamento de Salud de Utah; Rosa / Retenga para sus archivos; Amarilla / La copia de Solicitante

Revisado en marzo de 2011

The Baby Your Baby Card (Pink Card)



Utah Department of Health
Division of Family Health and Preparedness
Presumptive Eligibility/Perinatal Program
IDENTIFICATION CARD



Eligible from: _____ Thru: _____
MM DD YY MM DD YY

Client Name: _____ I.D. #: _____ Birth Date: _____
Last First MI MM DD YY

Health Insurance: _____ Baby Your Baby Office: _____

Address: _____ Address: _____

Name of Insured: _____ Phone #: _____

Group #: _____ I.D. #: _____

Signature of the Baby Your Baby Worker

Employer: _____

Send claims to:
Utah Department of Health
Bureau of Medicaid Operations
Box 143106
Salt Lake City, UT 84114-3106

I certify that the above information is correct. I understand that this card allows me to get outpatient, pregnancy-related services. No delivery costs are covered by this card.

Signature of Client Date

For billing or eligibility questions call:
Salt Lake area: 801-538-6155
Outside Salt Lake area: 1-800-662-9651

Revised 1/11

WARNING: Changes to this card void the card immediately.

FOLD ALONG DOTTED LINE

To the client – What to do next:

1. You need to apply for Medicaid at a Department of Workforce Services Office by the “thru” date on the top of this card. You may also apply online at <https://utahhelps.utah.gov>. You need to do this as soon as possible.
2. You must take this card with you for services to be provided.
3. If your card is about to run out and you have not been told whether or not you will be able to get on Medicaid, call the office of the Department of Workforce Services where you are making your Medicaid application before this Baby Your Baby Card expires.
4. If you are denied Medicaid, even if it is before the “Thru” date, stop using this card. If you continue to use the card after denial by Medicaid, you will need to pay back the money.
5. Always take this card with you to any appointments with the Department of Workforce Services.

To the provider – Billing instructions:

1. Reimbursement for services will be paid through the Utah Medicaid billing system utilizing Medicaid’s reimbursement policies and payment rates. Send all claims to the address noted on the upper portion of this card.
2. Only outpatient pregnancy-related services will be reimbursed. No claims for deliveries, global fees or any inpatient services will be reimbursed under the Presumptive Eligibility (Baby Your Baby) Program.
3. No reimbursement for covered Medicaid services will be made by this program if payments for such services can be obtained from other third party sources.
4. Any extension of eligibility can be granted only by the Department of Workforce Services and must be indicated by the authorized F Extension Stamp on the upper portion of this card.
5. If you have any questions on the client’s Baby Your Baby eligibility please contact:

Baby Your Baby Office

Phone #

Perinatal Care Coordinator

How to Order Forms

If you need to order Baby Your Baby / Presumptive Eligibility Applications, Baby Your Baby Eligibility Cards (Pink Cards) or Baby Your Baby Health Keepsakes, call the Baby Your Baby Hotline (1-800-826-9662) Monday through Thursday between 7:00 AM and 6:00 PM.

Medicaid Applications are no longer ordered through the Medicaid Bureau of Eligibility Services. These applications are now ordered through the Department of Workforce Services. To access the Application for Financial, Medical, Food Stamp, And Childcare Assistance go to:

English - <http://jobs.utah.gov/opencms/forms/61APP.pdf>

Spanish - <http://jobs.utah.gov/opencms/forms/61APP-SP.pdf>

For your convenience, the Medicaid PDF forms can be downloaded so you can print as many or as few as you desire.

The Medical Services Only Form (61M), the form you know as the short Medicaid Application is currently not available online or in hard copy format. You will need to utilize the “Application for Financial, Medical, Food Stamp and Childcare Assistance” and have the client check the box for “Medical” under the area on the top of the first page labeled “Check the Services You Are Applying For”.

05-11DAC

BASIC BABY YOUR BABY POLICIES

“Prescreening” for Baby Your Baby Appointments

In the past, some Baby Your Baby sites have “pre-screened” clients requesting enrollment in Baby Your Baby. For example, if a woman called needing financial assistance for prenatal services, she was asked if she was a United States citizen and, if not, had she been legally admitted to the U.S. as a permanent resident – that is, does she have a “green card”. Women responding “no” to both questions, were told that they would not qualify for Baby Your Baby and were not scheduled an intake appointment.

These questions were asked with the best of intentions. By not scheduling appointments for these women, the workers felt they had saved the women an unnecessary trip into the office to make an application for Baby Your Baby when they would be disqualified by the first question on the form. This also meant more women could be served since appointment slots would not be filled by women who would not qualify. Unfortunately, “pre-screening” is not permitted by Medicaid. By dismissing the woman’s request prior to her appointment, she has been denied the right to fully explain her case. Also, since most women disqualified by not meeting citizenship requirements are minorities and women of color, “pre-screening” could be considered discriminatory. This policy comes not from the State Medicaid Program but from Federal Medicaid.

It is permissible to provide all women requesting financial assistance for prenatal care with information regarding the Baby Your Baby Program. However, that information must come in the form of a description of the program and its basic requirements. It is then left up to the woman to decide whether or not she wants to schedule an appointment to apply for Baby Your Baby. It is recommended that agencies providing enrollment for Baby Your Baby utilize the following or a similar script for women requesting financial assistance for prenatal care.

Baby Your Baby is a program to help you enter early prenatal care by allowing you to complete a short application to determine whether or not you might qualify for Prenatal Medicaid. If you qualify, you may use your Baby Your Baby eligibility card to pay for routine prenatal care visits, OB ultrasounds, some pregnancy related medications and other out-patient pregnancy-related services for a limited amount of time. While on Baby Your Baby, you will need to make a formal Medicaid application. To qualify for the program you must:

- ✓ Be a U.S. citizen or have been lawfully admitted for permanent residence – that is you have had a “green card” for five full years
- ✓ Be a Utah resident
- ✓ Not currently be on Utah Medicaid
- ✓ Not currently be on the Child Health Insurance Program (CHIP) or the Primary Care Network (PCN)
- ✓ Not have been on Baby Your Baby during this pregnancy
- ✓ Have a gross income under a specified amount for your household size

Does this sound like something you would like to apply for?

By using the script above, the woman has received enough information for her to determine whether or not she wishes to make an application but it leaves the decision whether or not to apply in her hands.

If the woman is interested in applying for BYB suggest that she knows the following information when she comes in for her appointment or when you call her to complete her application by phone:

Address and phone number

Social security number if she already has one

If she is a non-citizen with a green card, the month and year she received the card

If denied for Medicaid in the past 30 days, the reason for that denial

If she is covered by health insurance, the information listed on the application related to the policy (or policies) – Name, address and phone number of insurance company; policy holder’s name; policy ID number and group number; and if the insurance is through an employer, the name and phone number of the employer

An accurate gross income for all household members for the month she is making her application

Proof of pregnancy if she is not going to have a pregnancy test via your agency

Please remember that the BYB Program cannot require the woman to bring or show her social security card, insurance card, pay check stubs, etc. The only documentation required to enroll in

the program is proof of pregnancy. What the program does require is that the applicant can provide accurate information related to the above listed items.

Revised: 05/11

Policy Clarification Regarding Women of Undocumented Citizenship Status

In 1993 a question regarding citizenship status was added to the Presumptive Eligibility (PE) / Baby Your Baby application. If an applicant is not a U.S. citizen or if she has not been lawfully admitted for permanent residence by the United States Citizenship and Immigration Services (USCIS formerly known as INS) and does not have a Green Card (a permanent residence card or papers), she is **not** eligible for PE (a Baby Your Baby [Pink] Card). In other words, **NO GREEN CARD, NO PINK CARD.** On the March 2011 Baby Your Baby Application a question (1c) was added that requires a woman to have had her green card for five full years by month and year to be eligible for the program. However, no documentation of the applicant's claim of citizenship status is required at the time of PE application. The applicant's word that she has had a Green Card for at least five full years is sufficient. It is the responsibility of the Department of Workforce Services (DWS) to determine the applicant's citizenship status at the time the woman makes her formal Medicaid application. (While BYB representatives are not permitted to have the client show her permanent resident card [Green Card], since many BYB representatives have asked what they look like, here is a link to web page from USCIS showing one:

<http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=34233893c4888210VgnVCM100000082ca60aRCRD&vgnnextchannel=8a2f6d26d17df110VgnVCM1000004718190aRCRD>).

The policy of the Baby Your Baby Program is one of maintaining applicant confidentiality. Therefore, **undocumented applicants applying for Baby Your Baby/Presumptive Eligibility (a Pink Card) are NOT to be reported to USCIS.** The question has been asked if DWS is required to report to USCIS undocumented women applying for services. A policy clarification was received from the DWS in November 1993. It is important for all Baby Your Baby and Perinatal Care Coordinators to be familiar with its contents. Undocumented women can apply for Medicaid, including the Emergency Services Program, and TANF without DWS reporting them to USCIS. **HOWEVER, DWS IS REQUIRED TO REPORT TO USCIS UNDOCUMENTED WOMEN APPLYING FOR FOOD STAMPS.** Failure to inform undocumented women applying for services through DWS of this policy could have a negative impact for these applicants if they attempt to apply for food stamps or file a joint application that includes food stamps. There is **NO** USCIS reporting requirement in the Women, Infants, and Children's Program (WIC).

Will the use of the Baby Your Baby Card or the Emergency Services Program jeopardize an applicant's citizenship application? No. The Department of Justice published guidelines in the May 26, 1999 Federal Register that established clear standards governing whether an alien is inadmissible to the United States, ineligible to adjust immigration status or has become deportable on the grounds that she may become or is a "public charge." These guidelines stated that the following benefits are **NOT** subject to public charge consideration:

- ✓ Medicaid
- ✓ Children's Health Insurance Program (CHIP)
- ✓ Food Stamps (See second paragraph this section on this page regarding report to USCIS)
- ✓ Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- ✓ Immunizations
- ✓ **Prenatal Care**
- ✓ Testing and Treatment of Communicable Diseases
- ✓ Emergency medical services, etc.

For the complete document which explains this policy, see "Baby Your Baby and Public Charge Issues" immediately following this document for the link to the U.S. Citizenship and Immigration Services information regarding public charge issues. Women not qualifying for PE and/or Medicaid due to undocumented status should be encouraged to apply one month prior to their due dates for the Emergency Services Program through DWS. The Emergency Services Program is for individuals not meeting regular U.S. residency requirements but who meet all other Medicaid eligibility criteria. "Emergency Services" is printed on their Medicaid Identification Card. An example of this card and information about the program can be found in the Medicaid Provider Manual. A client's early enrollment in this program enables the health care provider and the delivering hospital to expedite reimbursement for the inpatient labor and delivery portion of the cost of care.

Services to pregnant women covered by the Emergency Services Program are now limited by federal regulation. Only labor and delivery services are covered for patients in the Emergency Services Program. Neither prenatal services nor the non-emergency postpartum services are covered. Hospitals will be reimbursed only for those services associated with labor and delivery, including emergency conditions that occur with the labor and delivery. Please contact Medicaid for questions regarding covered codes.

There are no penalties or restrictions on the woman's use of Title V (Maternal Child Health) moneys that are used to fund the local health districts' Maternal Child Health Block Grant Contracts.

If born in the United States, the undocumented woman's newborn will be a U.S. citizen and possibly eligible for Medicaid. Therefore, it is important that undocumented women be encouraged to discuss making Medicaid application for their child/children with their DWS caseworkers.

Please be aware that immigration regulations and policies change from time to time and the above statements are subject to change. For specific information regarding different programs' policies regarding undocumented women, it is always best to directly correspond with the state or federal program in question.

If you have questions regarding issues surrounding undocumented women, please contact the nurse consultant for the Utah Department of Health, Maternal and Infant Health Program, Debby Carapezza at 801-538-9946; fax at 801-538-9409 or e-mail dcarapezza@utah.gov.

Baby Your Baby and Public Charge Issues

At times a pregnant, non-citizen woman will be hesitant to apply for Baby Your Baby (BYB) if she is in the process of applying for, or intends in the future to apply for, U. S. citizenship. The fear is that by using public money she will be considered to be a “public charge” (one who becomes dependent on public money for support) and, therefore, be ineligible for citizenship. In some instances this could be true. However, non-citizen women who are in this country legally (have been lawfully admitted for permanent residency by the United States Citizenship and Immigration Services and have had a green card for five full years by month and year) may be on Baby Your Baby (Presumptive Eligibility for Prenatal Medicaid) and Medicaid without fear of becoming a public charge.

The United States Citizenship and Immigration Services has provided an overview on guidance of definition of “Public Charge” in immigration laws. It can be found online at:

<http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=354fb2a3fffb4210VgnVCM100000082ca60aRCRD&vgnextchannel=68439c7755cb9010VgnVCM10000045f3d6a1RCRD>

If a woman remains apprehensive regarding receipt of BYB after having the exemption of public charge for BYB explained, she may wish to contact an examining officer from the United States Citizenship and Immigration Services - USCIS). Do not refer women in this country illegally to USCIS as they will be immediately arrested and deported.

Debby Carapezza, RN.MSN
Nurse Consultant, Maternal and Infant Health Program
Utah Department of Health/DFHP/MIHP
P. O. Box 142001
Salt Lake City, UT 84070-2001
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Updated 05/11 DAC

Baby Your Baby Eligibility for Women from the Freely Associated States (Micronesia, Palau, and the Marshall Islands)

From time to time women from the Freely Associated States (Micronesia, Palau and the Marshall Islands) request screening for Baby Your Baby (PE). They report that they are not required to have a visa to enter and exit the United States but can come and go as they please. The question has been asked, have these women been lawfully admitted to the United States for permanent residence and, therefore, are eligible for Baby Your Baby (BYB)? Remember that the question on the BYB application is whether or not the person is a citizen or has had a green card for five full years by month and year. If the answer is not “yes” to one of those questions, then she does not qualify for BYB.

While the women from the Freely Associated States are here legally, they have not been admitted for permanent residence. Medicaid policy is that Citizens of Freely Associated States who meet state residency requirements may qualify for emergency only services. The Freely Associated States include Micronesia, Palau, and the Marshall Islands. Individuals from the Freely Associated States may apply to the United States Citizenship and Immigration Services (USCIS) for permanent resident status but until that is granted they do not qualify for BYB or for "regular" Medicaid. They should be encouraged to apply for Emergency Services Only Medicaid in the last month of their pregnancy if they are going to deliver their babies in this country. However, Medicaid Emergency Services Program will only cover their in-hospital labor and delivery expenses and the provider's delivery fee.

Revised: 05/11 DAC

Presumptive Eligibility / Baby Your Baby, Child Health Insurance Program (CHIP) and Primary Care Network (PCN)

Baby Your Baby and CHIP:

Occasionally a pregnant teen on the Child Health Insurance Program (CHIP) will apply or be referred to the Baby Your Baby (BYB) / Presumptive Eligibility (PE) Program to make application. The question has been asked, should this teen apply for Baby Your Baby and/or Medicaid? The answer to both is no. The client should simply be referred back to her CHIP/Medicaid caseworker at the Department of Workforce Services (DWS) to have her case re-evaluated.

One of the requirements for CHIP is that the client is ineligible for Medicaid. However, the teen's pregnancy may now make her Medicaid eligible. Thus, the teen's CHIP/Medicaid caseworker needs to reassess the client's status. CHIP does cover pregnancy expenses so there is no need to use Baby Your Baby as a "bridge" to cover prenatal expenses while her caseworker re-evaluates the teen's status. The following is the appropriate procedure for BYB/PE staff in dealing with those few pregnant teens already on CHIP.

When a pregnant teen requests prenatal services:

- 1) Ask the teen if she is already on CHIP or Medicaid:
 - If she is **not**, proceed with the usual BYB/PE process
- 2) If the teen **is** on CHIP:
 - Refer her to her CHIP/Medicaid caseworker at DWS for re-evaluation of her eligibility status
 - Do **not** place the client on BYB/PE
- 3) If the teen **is** already on Medicaid:
 - Check to be sure that the provider on her Medicaid card is the provider of the client's prenatal care

- If the client wants another prenatal care provider from the one on her card, refer her to her Medicaid caseworker at DWS
- 4) Remind the client to report her baby's birth to her caseworker as quickly as possible after she delivers.

Placement of a pregnant CHIP client on BYB/PE may result in confusion regarding reimbursement since there is an automatic delete in the Medicaid reimbursement system to exclude BYB/PE claims for clients on CHIP.

It is important that the teen be encouraged to follow-up with her CHIP/Medicaid caseworker as quickly as possible to have her case re-evaluated. It may also save the teen money. CHIP requires co-payments for office visits that are not required by Medicaid. Also, if the teen is on Medicaid the month of the birth, her infant will automatically qualify for Medicaid coverage for the first year of its life if the baby is in the custody of the mother and they continue to live in Utah. Finally, **REMEMBER**: If the teen remains on CHIP throughout her pregnancy, there will be no Medicaid reimbursement for the enhanced services: perinatal care coordination, pre/postnatal home visiting, pre/postnatal psychosocial counseling, pre/postnatal individual nutritional counseling, and group childbirth education.

Baby Your Baby and PCN:

As of March of 2007, women on the Primary Care Network were no longer eligible for Baby Your Baby. This change is reflected in question number three on the Baby Your Baby application: "Are you on UT Medicaid, CHIP (Child Health Insurance Program) or PCN (Primary Care Network Program) now?" A positive (Yes) response to this question is an automatic denial for Baby Your Baby/PE. As with the Child Health Insurance Program, women on PCN should be referred to their PCN/Medicaid caseworker at DWS for a review of their cases. Again, the pregnancy may make the woman Medicaid eligible. Unlike CHIP, the Primary Care Network does not cover any prenatal expenses beyond reimbursement for the pregnancy test. Therefore, encourage the woman to follow-up with her PCN/Medicaid caseworker as quickly as possible.

If you have any questions regarding this protocol, please contact Debby Carapezza, Nurse Consultant, Maternal and Infant Health Program, Utah Department of Health at 801-538-9946, fax – 801-538-9409, or e-mail: dcarapezza@utah.gov

Updated 05/11-DAC

Pregnancy Testing of Minors and Parental Consent for Local Health Departments

The question of pregnancy testing of unmarried minors without parental consent has arisen numerous times over the years. As a result, Lyle Odendahl, one of the attorneys at the Utah Department of Health was consulted regarding the legalities surrounding this issue.

The Issue:

The provider cannot begin a teen's prenatal care and refer appropriately until it is known whether or not she is pregnant. At issue is whether or not an unmarried minor may receive pregnancy

testing from a local health department (or other state agency) without parental consent. The second part of the issue is whether or not the parents are entitled to the results of their teen's pregnancy test – whether positive or negative.

The Response:

1. Parental consent is not needed for pregnancy testing.
2. Parents have the right to access the medical records of an unemancipated minor.

Updated: 02/07/01

Information on Paternity Testing

For information about paternity testing, refer clients to the University Genetics Lab at 801-581-2344. The phone message contains an option for paternity testing that leads to an individual's direct line.

If interested in Paternity establishment, call the Office of Recovery Services for information. Call 801-536-8500. Follow the prompts "Get General Information" and "Paternity Matters" for more information. There's also information on their website www.ors.state.ut.us Click on "Paternity Matters" on the left-hand side of the home page.

Updated: 05/11-DAC

Job Description of a Baby Your Baby Program Representative

A Baby Your Baby (Presumptive Eligibility) Program Representative can be any level health care provider: licensed practical nurse, registered nurse, advanced practice nurse [family nurse practitioner, women's nurse practitioner, certified nurse midwife, adult nurse practitioner] or ancillary personnel (secretary, medical assistance) who has received orientation to the program through the nurse consultant of the Maternal and Infant Health Program, Utah Department of Health.

Duties of the Baby Your Baby (BYB) Program Representative include accurate completion of program applications either via the Internet (www.utahclicks.org) or paper application in a timely manner or, if unable to do so, to refer clients to another BYB site or to the Department of Workforce Services to make a direct application for Medicaid. The representative shall assure that documentation of medical verification of pregnancy is present prior to declaring eligibility and shall retain a copy of that verification along with the pink copy of the application. All clients will receive the yellow copy of their completed application. Those women denied Baby Your Baby will have the reason for denial noted on their copy of the application. Completion of letter "D" on the Baby Your Baby / Presumptive Eligibility Application assures this requirement is met.

All applicants, regardless of their eligibility for the program, shall be referred to the WIC Program (Women, Infants and Children) for nutritional services and to the Department of Workforce Services to make a formal Medicaid Application. The Baby Your Baby representative shall provide all applicants, regardless of eligibility for the program, with an Application for Financial, Medical, Food Stamp and Childcare Assistance (a Joint Application). The BYB Program representative shall forward approved Baby Your Baby /Presumptive Eligibility Applications to the Utah Department of Health Bureau of Medicaid Operations within 5 working days of completion either via Utah Clicks (for online applications) or via fax or mail (for paper applications).

Following guidance in the Baby Your Baby Manual, the BYB representative shall explain use the BYB card and program coverage to eligible applicants. The representative shall encourage the applicant to seek prenatal care, if she has not already entered care, and to apply for Medicaid as soon as possible. If additional resources are needed, the representative is encouraged to refer applicants to the Baby Your Baby Hotline (1-800-826-9662).

The Baby Your Baby representative does not need to have an individual Medicaid provider number as there is no Medicaid reimbursement for completion of program applications, referral to either WIC or to the Department of Workforce Services.

For more information or training, please contact:
Debby Carapezza, RN, MSN
Nurse Consultant, Maternal and Infant Health Program
Utah Department of Health
Phone: 801-538-9946
Fax: 801-538-9409
E-Mail: dcarapezza@utah.gov

05/11 – DAC

MEDICAID INFORMATION

Medicaid Contracted Health Plans and the Baby Your Baby / PE Program

All Medicaid clients along the Wasatch Front (Utah, Salt Lake, Davis, and Weber Counties) are required to enroll with a Medicaid contracted Health Plan (formerly known as a health maintenance organization or HMO) for care. At this time, there is no mandate for Medicaid clients residing in rural areas to enroll with a Medicaid contracted Health Plan. However, in some rural areas there are a few contracted Health Plans, especially Molina (see chart below), that Medicaid clients may select as their primary care provider if desired. When providing perinatal services to clients, it is important, whether you are a site along Wasatch Front or elsewhere in the state, to always check the client's Medicaid card to assure that the provider on the card is one with which you are affiliated. If a Health Plan is listed on the card for which your agency does not hold a contract, unless a referral is obtained from the Health Plan prior to rendering service, payment will be denied. Health Plan clients not affiliated with your agency should be instructed to notify their Medicaid Health Plan for instructions on obtaining services.

If the client wishes to change health plans, she must contact her Department of Workforce Services Medicaid caseworker.

The mandate to enroll Medicaid clients in contracted Health Plans does not alter the presumptive eligibility (PE) process (enrolling in Baby Your Baby). Clients are still screened for PE by the various Qualified Provider (QP)/Baby Your Baby (BYB) sites. Those eligible receive Baby Your Baby Cards that will cover expenses incurred for outpatient, pregnancy related, Medicaid covered services via any willing Utah Medicaid provider. During her presumptive eligibility period, the client must still file a formal Medicaid application. At the time the woman is approved for Medicaid, if she resides along the Wasatch Front, she must then select a Medicaid contracted Health Plan through which she will receive her care. The woman is assisted in this process at one of the offices of the Department of Workforce Services (DWS) by a Health Program Representative (HPR). There is a listing of HPR offices by region included in this manual (see “Medicaid Health Program Representative [HPR] Offices by Zip Code” in the “Medicaid Information” section of this manual). This selection process is not the responsibility of the PE/BYB intake worker or the perinatal care coordinator (PCC). If the client knows from whom she wishes to receive care and at which hospital she prefers to deliver, she should ask her chosen provider which Medicaid contracted Health Plan(s) he / she will accept and be sure to indicate this choice to the HPR.

Those Wasatch Front QPs with Health Plan contracts to provide direct antenatal or enhanced services (Perinatal Care Coordination, Pre/postnatal BYB Home Visits, Group Pre/postnatal Education, Individual Nutritional Assessment and Counseling and Pre/postnatal Psychosocial Counseling) may make the client aware of their various service packages during the presumptive eligibility intake. However, the client should be informed that other Health Plans may also offer these services and she is free to select the Health Plan of her choice. If you are unsure which Medicaid Health Plans your agency is affiliated with, please contact your nursing director or perinatal program supervisor. Should the client accidentally enroll with a Health Plan not affiliated with your agency, she will either have to contact her Medicaid caseworker at the DWS to have her card changed or she will have to seek care from the provider listed on her Medicaid card. Obviously, this situation is frustrating to both client and provider and may delay her entry into care. At this time, clients may readily change the care provider on their Medicaid cards. However, for the sake of continuity of care, “doctor shopping” is discouraged.

Questions regarding Medicaid contracted Health Plans and the Perinatal Program should be directed to the Utah Department of Health, Maternal and Infant Health Program Nurse Consultant at 801-538-9946.

Updated 05/11-DAC

Extension of Health Plans/HMOs into Rural Utah

Many years ago health maintenance organizations (HMOs) were mandated as the providers of services for Wasatch Front Medicaid enrollees. At that time, there were few, if any, HMOs in the rural areas. One of the HMOs (now referred to as Health Plans) with which Medicaid contracts, is now present in all but five counties in Utah. While Medicaid enrollees off of the

Wasatch front are still not mandated to receive their care through a Health Plan, a woman residing off of the Wasatch Front may opt to enroll in Molina as her Medicaid provider. As a result of the growth in Molina's service area, you may now be seeing more women who list Molina as their insurance carrier. Below are a few reminders regarding Baby Your Baby Services and HMOs/Health Plans.

- 1) Molina provides services only for women enrolled in Medicaid or the Child Health Insurance Plan (CHIP). If when completing the Baby Your Baby application, the woman responds "Yes" to question number 6, "Do you have any health insurance?" and lists Molina as her insurance carrier, she has to be enrolled with Molina either as a CHIP or Medicaid client. Either way, she would not be eligible for Baby Your Baby.
- 2) When determining eligibility for Baby Your Baby, be sure to ask question number three, "Are you on UT Medicaid, CHIP or PCN now?" If the applicant's response is "Yes", she does not need to enroll in Baby Your Baby. You need to ask her which provider is on her Medicaid Card. If it is a provider through whom she does not wish to receive her prenatal care, she will need to contact her Department of Workforce Services caseworker to determine if she can change her care provider.
- 3) HMOs determine, which if any, of the enhanced prenatal services Medicaid clients enrolled with them receive. The enhanced prenatal services are: perinatal care coordination; pre/postnatal home visiting; group pre/postnatal education; individual nutritional counseling for women at high nutritional risk and pre/postnatal psychosocial counseling. If the provider on a client's Medicaid card is Molina, you will not be able to provide those services without first pre-authorizing that service through Molina. The other option is to develop a written contract between your local health department and Molina that authorizes your agency to provide Perinatal Care Coordination and/or Pre/Postnatal Home Visiting. If you provide any of the enhanced prenatal services listed above to a client already enrolled in Molina (or any other HMO/Health Plan) without pre-authorizing them or without a written contract to provide those services, you will not be reimbursed via Medicaid for those services.

Below is a listing of available Health Programs (HMOs) in the various counties. Select Access is Intermountain Health Care's (IHC) Medicaid product and is not always open for enrollment. The client needs to check with her health program representative at DWS to determine whether or not Select Access is available.

Medicaid Available Selections for Each County as of April 2011

County	Healthy U	Molina	Molina Plus	Select Access	Primary Care Provider
Beaver					X
Box Elder			X		X
Cache			X		X
Carbon					X
Daggett					X
*Davis	X	X		X	
Duchesne					X
Emery					X
Garfield			X		X
Grand			X		X
Iron			X		X
Juab			X		X
Kane			X		X
Millard			X		X
Morgan		X			X
Piute					X
Rich			X		X
*Salt Lake	X	X		X	
San Juan			X		X
Sanpete					X
Sevier			X		X
Summit	X		X		X
Tooele	X		X		X
Uintah					X
*Utah	X	X		X	
Wasatch					X
Washington			X		X
Wayne					X
*Weber	X	X		X	

*Counties with mandatory health selection plan

Updated 05/11-DAC

Utah Medicaid Provider Manual, Services for Pregnant Women
Division of Health Care Financing (Medicaid)
Updated July 2003

This Medicaid Information Bulletin (MIB) contains information on the Enhanced Perinatal Services for pregnant women on Baby Your Baby or Prenatal Medicaid. These services include: Perinatal Care Coordination, Pre/postnatal Home Visits, Group Pre/postnatal Education, Nutritional Assessment and Counseling, and Pre/postnatal Psychosocial Counseling. It describes the services, defines the providers qualified to provide the services and lists billing codes and units for each of the services. Other perinatal services are listed for physicians, certified family nurse practitioners and certified registered nurse midwives along with their billing codes.

This MIB is the “Bible” for Baby Your Baby sites, local health departments, community health centers and any other agency providing the enhanced perinatal services. It is available online at: <http://health.utah.gov/medicaid/pdfs/pregnant/Enhanced%207-03.pdf>.

Updated: 05/11-DAC

Medicaid Reimbursement Rates by Code and Provider Type

Below are the reimbursement rates for the prenatal enhanced services. The codes are followed by the reimbursement rates and the provider types eligible for payment under that code. (See “Provider Type, Alpha and Numeric Listing” following this document to decipher the provider types.)

T1017: Perinatal Care Coordination, each 15 minutes. Maximum of 4 units per month.
\$8.28 for provider types 27, 29, 37, 39, 41, 42, 45, 47, 48, 52 (This rate is for Baby Your Baby Perinatal Care Coordination)
\$18.40 for provider type 51 (This rate is for public health departments for Targeted Case Management [TCM] only)

H1004: At Risk, Enhanced Service: Follow-up Home Visit (Prenatal and Postnatal Home Visits)
\$46.86 for provider types 29, 37, 39, 41, 42, 45, 47, 48, 52, 58

S9446: Patient Education, not otherwise classified, non-physician provider, group per session (Group Prenatal/Postnatal Education)
\$9.73 for provider types 37, 39, 42, 45, 47, 52

S9470: Nutritional Counseling, Dietitian Visit (Prenatal/Postnatal Individual Nutritional Counseling for Women at High Nutritional Risk)
\$25.00 for provider types 43, 45, 52

H0046: Mental Health Services), not otherwise specified (Prenatal/Postnatal Psychosocial Counseling)
\$33.47 for provider types 28, 41, 44, 45, 52

Updated 11/10-DAC

**Medicaid Provider Type
Alpha & Numeric Listing**

Numerical Listing		Alpha Listing	
Code	Provider Type	Provider Type	Code
01	General Hospital	Adult Day Care	64
02	Mental Hospital	Agency	46
03	Chronic Disease Hospital	Alcohol and Drug Center	50
04	Institution for Mental Disease	Ambulance	81
10	Nursing Home, General	Audiologist	34
12	State Training School	Certified Nurse Midwife (CNM)	37
20	Physician (MD)	Certified Social Worker (CSW)	29
24	Osteopath (DO)	Chiropractor (DC)	69
26	QMB Only Providers	Chronic Disease Hospital	03
27	Social Service Worker (SSW)	Clinical Social Worker (LCSW)	41
28	Psychologist (PHD)	Contract Services Providers	91
29	Certified Social Worker (CSW)	Dentist (DDS, DMD)	40
30	Podiatrist (DPM)	Diabetes Self Management Educator	74
31	Optometrist (OD)	Dialysis Center (ESRD)	53
32	Speech Pathologist	Dietician	43
33	Occupational Therapist (OT)	Early Intervention	89
34	Audiologist	Emergency Response System	65
35	Physical Therapist (PT, RPT)	Federally Qualified Health Center (FQHC)	52
36	Free Standing Birthing Center	Fixed Wing Aircraft	83
37	Certified Nurse Midwife (CNM)	Free Standing Birthing Center	36
38	Nurse Anesthetist (CRNA)	Free Standing Ambulatory Surgical Center	55
39	Registered Nurse (RN)	General Hospital	01
40	Dentist (DDS, DMD)	Group Practice	45
41	Clinical Social Worker (LCSW)	Health Educator, Childbirth Educ.(CBED)	42
42	Hlth.Educator,Childbirth Educ.(CBED)	Helicopter	84
43	Dietician	HMO	90
44	Marriage/Family Therapist (MFT)	Home Health Agency	58
45	Group Practice	Home-Delivered Meals	67
46	Agency	Hospice	59
47	Nurse Practitioner (NP)	ICF/MR Day Treatment	79
48	Licensed Practical Nurse (LPN)	Independent Lab and/or X-Ray	70
49	PT/OT Rehabilitation Center	Institution for Mental Disease	04
50	Alcohol and Drug Center	Lic Residential Treatment Facility	75
51	Public Health Department	Lic Res & Day Treatment Facility	77
52	Federally Qualified Health Center (FQHC)	Lic Child Placement Agency	78
53	Dialysis Center (ESRD)	Lic Day Treatment Facility	76
54	Licensed Home Health Services	Licensed Practical Nurse (LPN)	48
55	Free Standing Ambulatory Surgical Center	Licensed Home Health Services	54
56	Mental Health Center	Marriage/Family Therapist	44
57	Rural Health Clinic	Medical Supplier	62

58	Home Health Agency	Mental Health Center	56
59	Hospice	Mental Hospital	02
60	Pharmacy	Mobile Ultrasound	71
62	Medical Supplier	Non-Medical Transportation	66
63	Optical Supplier	Nurse Anesthetist (CRNA)	38
64	Adult Day Care	Nurse Practitioner (NP)	47
65	Emergency Response System	Nursing Home, General	10
66	Non-Medical Transportation	Occupational Therapist (OT)	33
67	Home-Delivered Meals	Optical Supplier	63
68	Personal Waiver Services Agent	Optometrist (OD)	31
69	Chiropractor (DC)	Oral Surgeon	95
70	Independent Lab and/or X-Ray	Osteopath (DO)	24
71	Mobile Ultrasound	Personal Waiver Services Agent	68
74	Diabetes Self Management Educator	Pharmacy	60
	Numerical Listing	Alpha Listing	
75	Lic Residential Treatment Facility	Physical Therapist (PT, RPT)	35
76	Lic Day Treatment Facility	Physician (MD)	20
77	Lic Res & Day Treatment Facility	Podiatrist (DPM)	30
78	Lic Child Placement Agency	Psychologist (PHD)	28
79	ICF/MR Day Treatment	PT/OT Rehabilitation Center	49
81	Ambulance	Public Health Department	51
82	Servicar/Ambucar (approval required)	QMB Only Providers	26
83	Fixed Wing Aircraft	Registered Nurse (RN)	39
84	Helicopter	Rural Health Clinic	57
85	Taxi (approval required)	School Districts (Also, Fluoride Rinse Program)	88
88	School Districts (Also, Fluoride Rinse Program)	Servicar/Ambucar (approval required)	82
89	Early Intervention	Social Service Worker (SSW)	27
90	HMO	Speech Pathologist	32
91	Contract Services Providers	State Training School	12
95	Oral Surgeon	Taxi (approval required)	85

Revised: 02/13/04-HCF

Procedure for Requesting a Certificate of Creditable Coverage from Division of Health Care Financing Medicaid

Note: This topic is included here in the event a Baby Your Baby worker is asked by a client regarding a Certificate of Creditable Coverage. It does not in any way impact determination for eligibility for Baby Your Baby. Clients requesting such a certificate should be referred to the numbers below.

What is a Certificate of Creditable Coverage?

The Certificate of Creditable Coverage is intended to establish an individual's prior creditable coverage for purposes of reducing the extent to which a plan or issuer offering health coverage in the group market can apply a pre-existing condition exclusion. The certificate of creditable

coverage is a written document that reflects certain details about an individual's creditable health coverage.

Obtaining a Certificate of Credible Coverage

If a client does need a certificate of coverage, they can call the Medicaid information line at 1-800-662-9651. Clients should choose menu option #2 (“If you are receiving Medicaid benefits...”) and then choose option #4 (“If you need to request a Certificate of Creditable Coverage”). This is a dedicated Certificate of Coverage information line. For the Salt Lake area, call directly to 801-538-6714. The voice message for this line briefly explains Certificates of Coverage and requests pertinent information the client can leave on voice mail. The Certificate of Coverage will be created manually (from MMCS) and mailed within approximately five working days. If the request is urgent (can’t wait the five working days) or there are problems or questions contact LynAnn Stoddard at 801-538-9071.

Updated: 05/11-DAC

Medicaid Contact Information

BYB REPRESENTATIVES’ QUESTIONS REGARDING WRONG SSNs, NAMES, ELIGIBILITY DATES, etc.:

Contact –

Cindy Page

E-mail: cindypage@utah.gov

Phone: 801-538-6489

or

Shelly Wykoff

E-mail: swykoff@utah.gov

Phone: 801-538-9204

CLIENT QUESTIONS REGARDING PROBLEMS WITH MEDICAID PAYMENT / BILLING:

Constituent services – Randa Pickle – 801-538-6417

Note: For problems with clients’ actual Medicaid applications, call the Department of Workforce Services’ Office of Constituent Affairs, at 1-866-435-7414 or 801-526-0950 (follow the prompts to file a Medicaid complaint).

PROVIDER PAYMENT ISSUES / QUESTIONS (Including questions from private providers, local health departments and community health centers):

Medicaid Operations (Information Line) – 1-800-662-9651 or 801-538-6155

HEALTH PLAN (HMO) QUESTIONS:

Health Program Representatives (HPR) –

Wasatch Front representatives call - 801-526-9422 or 1-866-608-9422

Rural areas - check with the local health departments

MEDICAID ELIGIBILITY QUESTIONS:

Jacky Stokes – 801-538-6418

Note: Jacky Stokes works in the area of Medicaid eligibility policy. As of July 2007, all Medicaid eligibility is determined by the Department of Workforce Services (DWS). For questions regarding a specific client's eligibility or denial for Medicaid or for information regarding the status of a client's Medicaid application, call 1-866-435-7414 or 801-526-0950. If there are issues with a client's Medicaid Application or eligibility which cannot be resolved via the DWS caseworker or supervisor at the office where the client made her Medicaid application, contact the DWS' Office of Constituent Affairs, at 1-800-331-4341 or 801-526-4390 (the prompts to file a Medicaid complaint follow the long recorded message after "If you need to hear this message again...").

BABY YOUR BABY POLICY OR PROCEDURAL QUESTIONS:

Debby Carapezza – 801-538-9946 or e-mail dcarapezza@utah.gov

If Debby is unavailable and you need to have a final resolution status changed on Utah Clicks online application system, call the Baby Your Baby Hotline at 1-800-826-9662 and ask for Marie Nagata, Hotline Supervisor.

Updated: 05/11DAC

Medicaid Health Program Representative (HPR) Offices by Zip Code

Health Program Representatives (HPR) assist Medicaid clients living along the Wasatch Front (Weber, Davis, Salt Lake and Utah Counties), select a Health Plan (Healthy U, Molina or Select Access). If a client has questions regarding the Health Plans, she can find her HPR by calling: 801-526-9422 or 1-866-608-9422. Clients residing off of the Wasatch Front can contact an HPR by checking with their local health department.

As of 05/11-DAC

Medicaid Information Line – Access Now

When screening a woman for Baby Your Baby, it is often useful to check to see if the client is already on Medicaid or has received BYB from another site. This can be done by utilizing Medicaid's "Access Now" telephone line. In the Salt Lake area, call 801-538-6155 and from outside the Salt Lake area call 1-800-662-9651. To verify eligibility press one and then to enter Access Now press one again. You will need to use your agency's NPI number to enter Access Now.

Updated 05/11-DAC

Department of Workforce Services Referral List by Zip Code

As of July 2007, Department of Workforce Services (DWS) is responsible for determining all Medicaid eligibility. All former Bureau of Eligibility Medicaid Outreach Workers are now assigned to DWS. Therefore, women applying for Baby Your Baby must now make application for Medicaid through DWS. Please refer all Baby Your Baby clients, whether approved or denied Baby Your Baby, to DWS at an office in their zip code area. You can access a listing of a client's DWS Office, based on her zip code online at: <http://jobs.utah.gov/>. Under the heading "Information," enter the client's zip code and click on "Find Office."

Updated: 05/11-DAC

WOMEN, INFANTS AND CHILDREN PROGRAM (WIC) CLINIC LOCATOR WIC QUICK LIST

It is required of all Baby Your Baby sites to refer all pregnant women screened for Baby Your Baby (BYB) to the WIC Program if they are not already enrolled in WIC. However, enrollment in WIC is not a requirement for enrollment in Baby. WIC income guidelines are less stringent than Baby Your Baby's. Therefore, even women ineligible for Baby Your Baby due to income that exceeds the allowable BYB limits should be referred to WIC.

To refer a woman to WIC simply provide her with a brief overview of the program and give her the address and phone number of the WIC clinic in her area.. For a listing of WIC Clinics by local health districts, click on the following link: <http://health.utah.gov/wic/clinics.php>

If you are unable to access the website and do not know where to send the client to enroll in WIC, call the State WIC Office toll free at: 1-877-942-5437 (WIC KIDS).

Updated: 05/11 DAC

OTHER HELPFUL BABY YOUR BABY FORMS

Introduction

The following forms are not required for the Baby Your Baby Program but may be helpful. The first is "About Baby Your Baby and Medicaid". It can be utilized as a handout to provide Baby Your Baby applicants a quick summary of the program, instructions about what expenses the program covers and information about what they need to do after enrolling in Baby Your Baby. This form is also available in Spanish. Each agency may insert its own contact information at the bottom of this form.

The second form, "Welcome to Baby Your Baby!" provides information to Baby Your Baby clients residing along the Wasatch Front on how to select a Health Program (HMO) once they are approved for Medicaid. The form mentions three booklets with the names of doctors and agencies affiliated with the three Health Plans: Healthy U, Molina and Select Access (IHC).

These booklets are provider lists for the Health Plans. These provider lists change frequently and are not, therefore, included in this manual. For the most current provider booklets, contact Marie Nagata, Baby Your Baby Hotline Coordinator, at 1-800-826-9662.

“About Baby Your Baby and Medicaid” – In English

About Baby Your Baby and Medicaid

1. Medicaid can take up to 30 days to be approved. Baby Your Baby is a way for you to get prenatal care right away while you are making your Medicaid application. Prenatal care is health care during your pregnancy.
2. Enclosed is your Baby Your Baby Identification Card (a sheet of pale, pink paper) with your name, birth date and dates of eligibility at the top. On the bottom left of the upper half of the card is a line for your signature. **SIGN YOUR BABY YOUR BABY CARD AS SOON AS YOU RECEIVE IT!**
3. The Baby Your Baby Card (also known as a “Pink Card”) is temporary. You can use your Baby Your Baby Card until the “Thru” date listed on your card or until there is a decision on your Medicaid application - whichever happens first. If you get on Medicaid, stop using your Baby Your Baby Card and begin using your Medicaid Card and number. If you are denied Medicaid, even if it is before your Baby Your Baby Card expires (before the “Thru” date at the top of the card), stop using the card. If you continue to use the card after denial by Medicaid, you will need to pay back the money.
4. **Baby Your Baby will cover the following prenatal care:**
 - Prenatal visits with your doctor, prenatal lab tests, ultrasound tests, etc.
 - Prenatal vitamins
 - Emergency room visits (only for your pregnancy)
5. **Baby Your Baby does not cover:**
 - General health care (cold, broken arm, flu, etc.)
 - Dental care, eye care
 - Inpatient hospital costs
 - Delivery of your baby
 - Transportation: taxi, bus, ambulance
6. You **MUST** take your Baby Your Baby Card with you for prenatal care appointments or any time you are requesting prenatal services – lab tests, ultrasounds, to fill pregnancy-related prescriptions, etc. Also take your Baby Your Baby Card with you when you talk with your Department of Workforce Services case worker or the application coordinator.
7. **You need to apply for Medicaid as soon as possible!** You can find the address of your closest Department of Workforce Services (DWS) Office by going online at: <http://jobs.utah.gov/> and entering your zip code. You can also apply for Medicaid online at: <https://utahhelps.utah.gov/>. If you do not have Internet access or do not wish to apply online call: (in the Salt Lake area) 801-526-0950 or toll free, 1-866-435-7414. It is important that you apply for Medicaid because it covers:
 - Prenatal visits with your doctor
 - General health and preventive care
 - Delivery of your baby (doctor and hospital costs)

- Your health care for 60 days after your baby is born
 - Health care for your baby until he/she is 1 year old (You will need to complete an application for the baby.)
8. If you have already made your Medicaid Application and the “Thru” date on your Baby Your Baby Card is getting close and you have not heard if you are going to get Medicaid, please call your caseworker or the application coordinator at the Department of Workforce Services before your card expires. Sometimes they can extend your Baby Your Baby Card for a short time until they are able to make a final decision on your eligibility for Medicaid.
 9. When you are through using your Baby Your Baby Card (it has expired or you were approved for or denied Medicaid), keep your card for reference in case questions regarding your eligibility or billing issues should arise but do not continue to use it (see number 3 above).
 10. You may be able to get on the WIC (Women Infants and Children) Program that provides health screenings, nutrition counseling and vouchers to buy food items for young children and pregnant women. For more information call toll free: 1-877-WIC-KIDS (942-5437).

Your nearest WIC Office is:

Phone Number	Address
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➔ If you have questions about your Baby Your Baby application, call:

Phone number: _____ Fax #: _____

➔ If you have questions about applying for Medicaid call:

(In the Salt Lake City area) 801-526-0950 or (outside the Salt Lake City area) call toll free 1-866-435-7414.

Revision Date 05/11

About Baby Your Baby and Medicaid in Spanish

Acerca del Programa Mime a su Bebé (Baby your Baby) y el Medicaid

1. El Medicaid puede tomar hasta 30 días para que sea aprobado. El programa Mime a su Bebé (Baby your Baby) le proporciona una manera para que usted pueda obtener cuidado prenatal en seguida mientras usted está solicitando el Medicaid. El cuidado prenatal es el cuidado de salud durante su embarazo.
2. Adjunto a esta carta usted encontrará su Tarjeta de Identificación del programa Mime a su Bebé (Baby your Baby) (una hoja de papel pálido, rosa) con su nombre, fecha del nacimiento y las fechas de elegibilidad en la parte superior de la hoja. En la parte de debajo de lado izquierdo de la mitad superior de la tarjeta usted encontrará una línea para su firma. **¡FIRME SU TARJETA DEL PROGRAMA MIME A SU BEBÉ (BABY YOUR BABY) TAN PRONTO USTED LA RECIBA!**
3. La tarjeta del programa Mime a su Bebé (Baby your Baby) (también conocida como “la Tarjeta Rosa”) es temporal. Usted puede usar su tarjeta del programa Mime a su Bebé (Baby your Baby) hasta la fecha de “vencimiento” que aparece en la tarjeta o hasta que se produzca una decisión en su solicitud del Medicaid. Si a usted se le otorga el beneficio del Medicaid, deje de usar la tarjeta del programa Mime a su Bebé (Baby your Baby) y comience a usar su Tarjeta de Medicaid.
4. **El Programa Mime a su Bebé (Baby your Baby) cubrirá los siguientes cuidados prenatales:**
 - Las visitas prenatales con su doctor, pruebas de laboratorio prenatal, la prueba de ultrasonido, etc.
 - Las vitaminas prenatales
 - Las visitas a la sala de emergencia (sólo las referentes a su embarazo)
5. **El Programa Mime a su Bebé (Baby your Baby) no cubre:**
 - Los cuidados de salud en general (resfriados, fracturas de brazo, gripe, etc.)
 - Los cuidados dentales, los cuidados de la visión,
 - Los costos de hospitalización
 - Los gastos del parto de su bebé
 - Los gastos de Transporte: taxi, autobús, ambulancia,
6. Usted **DEBE** llevar con usted la tarjeta del programa Mime a su Bebé (Baby your Baby) durante sus citas de cuidados prenatales o en cualquier momento que usted este solicitando servicios prenatales—exámenes de laboratorio, pruebas de ultrasonido, para obtener medicinas relacionadas con el embarazo, etc., También lleve con usted la tarjeta del programa Mime a su Bebé (Baby your Baby) cuando usted hable con su trabajador social del Departamento de Workforce Services (DWS) o con el coordinador de la solicitud.
7. **¡Usted necesita solicitar el Medicaid lo más pronto posible!** Usted puede encontrar la dirección de la oficina del Departamento de Workforce Services (DWS) más cercana consultando en línea la página de Internet: <http://jobs.utah.gov/>. Usted también puede solicitar el Medicaid en línea en la página de Internet: <https://utahhelps.utah.gov/>. Si usted no tiene acceso a Internet acceder o no desea solicitar el Medicaid en línea llame a: (en el área de Salt Lake City) 801-526-0950 o al número telefónico gratuito, 1-866-435-7414. Es importante que usted solicite el Medicaid porque este programa cubre:
 - Las visitas prenatales con su doctor
 - Los gastos de salud general y los de cuidado preventivo
 - Los gastos del parto de su bebé (costos del doctor y del hospital)
 - Su cuidado de salud durante los 60 días después del nacimiento de su bebé
 - El cuidado de salud para su bebé hasta que el o ella tengan 1 año
8. Si la fecha de “vencimiento” de la tarjeta del programa Mime a su Bebé (Baby your Baby) se esta acercando y usted no ha obtenido información si usted va a obtener el Medicaid, por favor llame a su trabajador social o al coordinador de su solicitud al Departamento de Workforce Services (DWS) antes de que su tarjeta expire. A veces ellos pueden extender la validez de la tarjeta del programa Mime a su Bebé (Baby your Baby) durante un tiempo corto.
9. Cuando usted sea aceptado o le sea denegado el Medicaid o cuando la tarjeta del programa Mime a su Bebé (Baby your Baby) haya expirado, por favor envíe la tarjeta por correo mándeselo por correo a la oficina del programa Mime a su Bebé (Baby your Baby) Bebé que Su oficina del Bebé que aparece nombrada en la parte media de la tarjeta.
10. Usted puede que califique para obtener los beneficios del programa WIC (Mujeres, Infantes y Niños) el cual proporciona servicios de revisión de salud, servicios de consejeros de nutrición y vales para comprar artículos de alimentos para los niños pequeños y las mujeres embarazadas. Para más información llame al número telefónico gratuito: 1-877-WIC-KIDS (942-5437).

Su Oficina más cercana del programa WIC (Mujeres, Infantes y Niños) es:

Dirección	Número de teléfono
<p>→ Si usted tiene preguntas sobre su solicitud para el programa Mima a su Bebe (Baby your Baby), llame a la línea caliente del Bebé a: 1-800-826-9662 fax #: 801-538-9448</p>	
<p>→ Si usted tiene preguntas acerca de cómo solicitar el Medicaid, llame a: <u>(En el área de Salt Lake City) 801-526-0950 o (fuera del área de Salt Lake City) llame al numero gratuito 1-866-435-7414.</u></p>	

Fecha de Revisión 11-2010

“Welcome to Baby Your Baby” - In English

Welcome to Baby Your Baby!

When you got on Baby Your Baby (BYB) you were given a pale pink sheet of paper - your Baby Your Baby identification card. You will need to show this identification card to your doctor or certified nurse midwife (CNM) each time you go in for prenatal care (care during your pregnancy). The doctor or CNM has to be a Medicaid provider. Your Baby Your Baby Card will help you to start your prenatal care right away. **Please fill out a Medicaid application and follow-up with the Department of Workforce Services as soon as possible because your Baby Your Baby Card lasts only until the last day of next month unless you are denied Medicaid prior to the expiration of your Baby Your Baby Card.** However, we hope your application is approved for Medicaid! You can apply online for Medicaid at: <https://utahhelps.utah.gov/> or, in the Salt Lake area, call **801-526-0950 or toll free, 1-866-435-7414.**

If you get on Medicaid and you live in Davis, Salt Lake, Utah, or Weber County you must choose a Health Plan contracted with Medicaid. You must also choose a doctor or CNM who works with that Health Plan. A health program representative (HPR) can tell you which Health Plans you can choose from and which doctors and CNMs work with each of them. To find your health program representative, in the Salt Lake City area, call: 801-526-9422 or, for areas outside of the Salt Lake City calling area, call, 1-866-608-9422. It is best to choose a doctor or CNM from one of the Medicaid contracted Health Plans now so you won't have to change later if you get on Medicaid.

If you already have a doctor or CNM, check to see if he or she is with one of the Health Plans. Be sure that when you get on Medicaid you pick the Health Plan your doctor or CNM works with so you won't have to change in the middle of your pregnancy! If you don't live in Davis, Salt Lake, Utah, or Weber County you don't have to choose a Health Plan.

If you do not already have a doctor or CNM and you live in Davis, Salt Lake, Utah or Weber County, please look over the 3 booklets in this envelope. One booklet is for Healthy U, another for Molina and another for Select Access (for Intermountain Healthcare's Medicaid Plan). All of these are Health Plans contracted with Medicaid. These booklets will help you find a doctor or midwife and help you choose the Health Plan that is the best for you. Each booklet lists obstetric doctors, certified nurse midwives, and pediatric doctors (doctors who take care of children). If you did not receive these booklets and need information on the available Health Plans, please contact your Health Program Representative (HPR). The HPR can also help you find out if you can choose an IHC provider/hospital in the Select Access Program.

Some Things to Think About

If you already have a doctor or certified midwife ask him/her:

- ⇒ Which Health Plan(s) do you work with?
- ⇒ Which hospitals do you use for delivering babies?

If you DO NOT already have a doctor or certified midwife ask yourself:

- ⇒ Which Health Plan has the type of providers you want to go to for your prenatal care?
 - Obstetricians - doctors who specialize in caring for pregnant women
 - Family Practice Physicians - doctors who take care of all family members: pregnant women, children, adults (men and women) and the elderly
 - Certified Nurse Midwives - registered nurses with at least a masters degree in nursing who are accepted by the State to take care of pregnant women and deliver their babies
- ⇒ Will the Health Plan you have chosen let you deliver your baby at a hospital you can easily get to & want to use?
- ⇒ Do the doctors and CNMs have offices you can easily get to?
- ⇒ Which Health Plan has the prenatal program you like the best?
- ⇒ When your baby is on Medicaid, which Health Plan has the baby care program, pediatric doctors and nurse practitioners that best meet your needs? However, your baby does not have to be on the same Health Plan as you are.

Once you get on Medicaid remember to tell your HPR which Health Plan you want. The Health Program or the HPR can tell you more about special prenatal care programs.

If you have any questions about Baby Your Baby, please call us at 1-800-826-9662.

Good luck with your pregnancy!

Revised 05/11

Welcome to Baby Your Baby! in Spanish

¡Bienvenido al Programa Mime a su Bebé (Baby Your Baby)!

Cuando usted fue admitida en el Programa Mime a su Bebé (Baby Your Baby - BYB) a usted se le dio una hoja de papel rosa pálida - su tarjeta de identificación del Programa Mime a su Bebé (Baby Your Baby). Usted necesitará mostrar esta tarjeta de identificación a su doctor o a su enfermera partera certificada (CNM) cada vez que usted se presente al cuidado prenatal (cuidado que usted obtiene durante su embarazo). El doctor o la enfermera partera certificada (CNM) tiene que ser un proveedor de Medicaid. Su tarjeta de identificación del Programa Mime a su Bebé (Baby Your Baby) le ayudará a que usted empiece su cuidado prenatal en seguida. Por favor rellene una solicitud de Medicaid y hágale el seguimiento lo más pronto posible con el Departamento del Workforce Service (DWS) porque su tarjeta de identificación del Programa Mime a su Bebé (Baby Your Baby) sólo dura hasta el último día de próximo mes. ¡Después de ese lapso de tiempo nosotros esperamos que su solicitud para el Medicaid sea aprobada! Usted puede solicitar el Medicaid en línea en la página de Internet: <https://utahhelps.utah.gov/> o, en si esta en el área de Salt Lake City, llame al 801-526-0950 o a la línea telefónica gratuita, 1-866-435-7414.

Si usted es aceptado en el programa del Medicaid y usted vive en el condado Davis, condado de Salt Lake, el condado Utah, o en el Condado Weber, usted debe escoger un Plan de Salud contratado con Medicaid. Usted también debe escoger a un doctor o su enfermera partera certificada (CNM) que trabajen con ese Plan de Salud. Un representante de programa de salud (HPR) puede decirle cuales son sus opciones de Plan de Salud que usted puede escoger de y cuales doctores y enfermeras parteras certificadas (CNM) trabajan con cada uno de estos planes. Para encontrar su representante del programa de salud llame al: (Salt Lake County Only) 801-526-9422 o 1-866-608-9422. Es mejor escoger a un doctor o a una enfermera partera certificada (CNM) de uno de los Planes de Salud contratados con Medicaid ahora así usted no tendrá que cambiar después si usted obtiene su Medicaid.

Si usted ya tiene doctor o una enfermera partera certificada (CNM), verifique para ver si él o ella están con uno de los Planes de Salud. ¡Esté seguro que cuando usted obtenga su Medicaid usted escoja su doctor o su una enfermera partera certificada (CNM) que trabaje con el Plan de Salud así usted no tendrá que cambiarlos en medio de su embarazo! Si usted no vive en el condado Davis, condado de Salt Lake, el condado Utah, o en el Condado Weber usted no tiene que escoger un Plan de Salud.

Si usted aun no tiene un doctor o una enfermera partera certificada (CNM) y usted vive en el condado Davis, condado de Salt Lake, el condado Utah, o en el Condado Weber, por favor examine los 3 folletos adjuntos en este sobre. Un folleto es para el programa U Saludable (Healthy U) y el otro, Molina y el otro folleto es para el programa Select Access (IHC). Ambos son Planes de Salud contratados con el Medicaid. Estos folletos le ayudarán a encontrar a un doctor o a una partera y le ayudarán a escoger el Plan de Salud que sea el mejor para usted. Cada folleto enumera a los doctores obstétricos, enfermera partera certificada (CNM), y los doctores pediatras (doctores que cuidan a los niños). Por favor contacte a su Representante de Programa de Salud (HPR) para averiguar si usted puede escoger un proveedor/hospital de IHC en el Programa de Select Access.

Algunas Cosas para Pensar

Si usted ya tiene un doctor o una enfermera partera certificada (CNM) pregúntele a él o a ella:

- ⇒ ¿Con cual Plan(es) de Salud trabaja usted?
- ⇒ ¿Cuáles son los hospitales que usted usa para parir a los bebés?

Si usted aun NO TIENE un doctor o una enfermera partera certificada (CNM) pregúntese usted misma:

- ⇒ ¿Qué Plan de Salud tiene el tipo de proveedores a los que usted quiere ir a por su cuidado prenatal?
 - Obstetras - doctores que especializan en el cuidado de las mujeres embarazadas
 - Médicos de Práctica Familiar - doctores que cuidan de todos los miembros familiares: las mujeres embarazadas, niños, los adultos (hombres y mujeres) y los ancianos
 - Enfermera Partera Certificada (CNM)- las enfermeras registradas con por lo menos un grado de master cuidados que es aceptada por el Estado para cuidar de mujeres embarazadas y ayudar con el parto de sus bebés
- ⇒ ¿Le permitirá el Plan de Salud que usted ha escogido parir a su bebé en el hospital al que usted puede ir mas fácilmente & el que usted quiere usar?
- ⇒ ¿Tienen los doctores y la enfermera partera certificada (CNM) oficinas a las que usted puede llegar fácilmente?
- ⇒ ¿Cual Plan de Salud tiene el programa prenatal que a usted le gusta más?
- ⇒ ¿Cuándo su bebé está en Medicaid, Cual Plan de Salud tiene el programa de cuidado de bebé, doctores pediatras y enfermeras practicantes que mejor cubren sus necesidades? Sin embargo, su bebé no tiene que estar en el mismo Plan de Salud que usted se encuentra.

Welcome to Baby Your Baby! - in Spanish (cont.)

Una vez que usted obtenga el Medicaid recuerda decirle a su Representante de Programa de Salud (HPR) cual es Plan de Salud que usted quiere. El Programa de Salud o el Representante de Programa de Salud (HPR) pueden decirle más sobre los programas del cuidado prenatales especiales.

Si usted tiene cualquier pregunta sobre el Programa Mime a su Bebé (Baby Your Baby), por favor llámenos al 1-800-826-9662.

¡Buena suerte con su embarazo!

Revisado 11-2010

MATERNAL AND INFANT HEALTH PROGRAM PATIENT/PROVIDER EDUCATION PAMPHLETS AND OTHER EDUCATIONAL INFORMATION

Many maternal and infant patient education and provider education materials are available from the Maternal and Infant Health Program (MIHP) of the Utah Department of Health. They may be provided in reasonable amounts at no cost as long as there is sufficient printing budget. Many are available in Spanish as well as English on the Maternal and Infant Health Program's website as PDFs and can be downloaded. The website is: www.health.utah.gov/mihp.

For more information or to order materials, contact:

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